



Klahoose First Nation

Box 9, Squirrel Cove, BC
Canada V0P 1T0

Phone: 250-935-6536
Fax: 250-935-6997

Authorization to Mail Distribution Cheque

I am requesting that my distribution cheque be mailed to me at the address below.

I have enclosed copies of 2 separate pieces of Gov't issued identification (one of which has a photo)

Date: _____

Name: _____

Status # _____

Birthdate: _____

My Mailing address: _____

Signature: _____