

USE ALL CAPS TO FILL THIS FORM. USE LEGIBLE HANDWRITING. USE THE NEXT COLUMN TO CORRECT ANY ERROR.

Intake recorded by (Department / Desk):

	Next caller	Next caller	Next caller
Personal detail section			
Contact phone num.			
Band #			
First name			
1st middle name			
2nd middle name			
Last Name			

Mailing address section. Write down details below if mailing address change is requested. If not, ignore this section.			
Address			
City, Province			
Postal code			

Banking Information Section			
<i>To update Direct Deposit info, we need a hard copy of official document or email to allowance@erminekin.ca</i>			
<i>If they still want to take the information, use the space below to record the details.</i>			
Bank name, bank code			
Branch code (5 digits)			
Account number			
For Legal Guardianship change, official documents such as Court documents, CRA copy of Child Tax Benefits, Children’s services or anything that is official and legal document is required.			
Pick-up authorized to:			
Date of call:			

	Next caller	Next caller	Next caller
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Band #			
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