

## STATEMENT OF CONSENT For Transfer of an Adult

I, Print Full Legal Na	, born	of the	Band,
Registry #	request	transfer to the Saulteau	First Nations.
This is to confirm that I, _		is accepted as a me	ember of the
	_ Band/First Nation,	I hereby consent to the	removal of my name from the
	Band List/Registr	ry Group.	
Date:		Signature:	
Address:			
City:			
Prov.:	Postal Code:		
Telephone: ()			

## Proudly determined

Box 1020 Chetwynd, BC V0C1J0 T 250.788.3955 F 250.788.7261 info@saulteau.com www.saulteau.com