

## COMMON EXPERIENCE PAYMENT

### How you can help us process your application quickly:

To avoid delays in processing your application, please remember to:

- include your approved identity documents;
- list your full name, as well as all names you were known by at residential school(s);
- include your complete mailing address, including the postal code; and
- sign your application.

### PLEASE NOTE:

- If you have any questions about the application form, please contact Crawford Class Action Services at 1-866-640-9992 for assistance. TTY users can use 1-877-627-7027. Both numbers are toll-free.
- Your application cannot be processed if you do not complete it in full, or if you forget to sign it.
- If you cannot provide an original or certified true copy of one of the documents required to verify a change of name, you may submit a guarantor declaration (see attached). For more information on using guarantor declarations to demonstrate a change of name, please contact Crawford Class Action Services at 1-866-640-9992 (TTY users 1-877-627-7027).

Your application will be processed as quickly as possible, and you will be notified within 60 days of our making a decision. For information about the status of your application, please contact Crawford Class Action Services at 1-866-640-9992 (TTY users 1-877-627-7027). Both numbers are toll-free.

Former students who receive a Common Experience Payment will have the option of either receiving a cheque by mail or having the payment made by direct deposit (available in Canada only). Direct deposit is the fastest and most secure option. If you would like to take advantage of direct deposit, please provide your bank information in the appropriate area of the application form, or attach a "VOID" cheque.

### PLEASE NOTE:

Direct deposit is not available for Common Experience Payments issued to estates or personal representatives of former student



## APPLICATION FOR COMMON EXPERIENCE PAYMENT FOR FORMER STUDENTS WHO RESIDED AT INDIAN RESIDENTIAL SCHOOL(S)

<b>SECTION A:</b>			
<b>1. IDENTIFICATION</b>			
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French			
First Name (Current)	Middle Name (if applicable)	Last Name(s)	
<b>OTHER NAME(S) BY WHICH YOU WERE KNOWN AT RESIDENTIAL SCHOOL(S) AND/OR TRADITIONAL NAME</b> <i>Please provide all names including name at birth and common alternate spellings and nicknames (example: Celina, Lena).</i>			
First Name(s)	Middle Name(s) (if applicable)	Last Name(s)	
<b>Full names of mother, father and/or guardian(s)/caregiver(s) while you attended residential school</b> (Guardian(s)/caregiver(s) may be traditional adoptive parents, extended family or members of your community). <i>Providing this information is not required for eligibility but may help us in confirming your school experience.</i>			
Mother (maiden/birth name)	First Name _____	Last Name _____	
Father	First Name _____	Last Name _____	
Guardian(s)/Caregiver(s) (if applicable)	First Name _____	Last Name _____	
Relationship of guardian(s)/caregiver(s) to the former student (for example, aunt, grandmother, friend, etc): _____			
<b>2. CURRENT ADDRESS</b>			
ADDRESS (No., Street, Apt., R.R., P.O. Box)		City/Town/Community	
Province/Territory/State	Country	Postal/Zip Code	Telephone number
<b>MAILING ADDRESS</b> (No., Street, Apt., R.R., P.O. Box)		City/Town/Community	

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Province/Territory/State	Country	Postal/Zip Code	Telephone number
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**3. DATE AND PLACE OF BIRTH**

YYYY / MM / DD                      PROVINCE/TERRITORY/STATE                      COUNTRY

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**PLEASE INDICATE WHICH GROUP YOU BELONGED TO AT RESIDENTIAL SCHOOL(S)**

Status Indian                       Non-Status Indian                       Métis                       Inuit (Nunavut)  
 Inuit (Québec)                       Inuvialuit                       Non-Aboriginal

*The information you provide in this section is mandatory. This information will be provided to Crown-Indigenous Relations and Northern Affairs Canada to assist in processing your application in accordance with the Court approved principles.*

**4. PROOF OF IDENTITY REQUIRED**

Proof of your identity is required. See Section B for information. Please check which documents you are submitting:

**Key Documents:**

Original Birth Certificate

**OR**

Two of the following, one of which must have a photograph:

Certificate of Indian Status  
 Provincial/Territorial Driver's License  
 Provincial/Territorial Health Card  
 Canadian Passport  
 Government of Nunavut **or** Yukon **or** Northwest Territories General Identification Card

If the name on the application is different than the key documents please provide an original or certified true copy of one of the following:

Marriage Certificate / Registration  
 Divorce Decree  
 Legal Change of Name Document  
 Adoption Papers

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**5. INDIAN RESIDENTIAL SCHOOL(S) AT WHICH YOU RESIDED**

To the best of your memory, please indicate the dates for when you resided and when you left Kivalliq Hall.

**Note:** If you left the residence for a period of time (not including vacation and/or holidays), then later returned to the residence, please list the dates you returned and left.

**SCHOOL #140 – Kivalliq Hall**

From \_\_\_\_\_ To \_\_\_\_\_  
MM / YYYY MM / YYYY

From \_\_\_\_\_ To \_\_\_\_\_  
MM / YYYY MM / YYYY

From \_\_\_\_\_ To \_\_\_\_\_  
MM / YYYY MM / YYYY

From \_\_\_\_\_ To \_\_\_\_\_  
MM / YYYY MM / YYYY

**6. IF YOU WOULD LIKE DIRECT DEPOSIT (In Canada Only)**

Do you want your Common Experience Payment deposited into your account at a bank or financial institution?

Yes (Complete this section)       No

If you have a Chequing Account, please attach an unsigned personalized cheque. Write the word "VOID" on the front of the cheque in ink.

**OR**

If you have a Savings Account, complete the boxes below (you may wish to contact your bank or financial institution to obtain this information):

<i>Branch Number</i>	<i>Institution Number</i>	<i>Account Number</i>	<i>Name of Financial Institution</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>Name(s) on the account</i>	<i>Telephone number of your financial institution</i>
_____	_____

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.





**SIGNATURE**

My signature/mark indicates that the information I have provided in this application is true and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application could result in criminal prosecution. I understand that every application is subject to verification.

Applicant's Signature

YYYY / MM / DD

I understand that the information requested in this application is required for the administration of the Common Experience Payment and that the information will be provided to Crown-Indigenous Relations and Northern Affairs Canada in order to determine my eligibility. I understand that personal information is protected under the *Privacy Act* and the *Department of Employment and Social Development Act (DESDA)*. I have the right to request access to my personal information and am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

**SIGNATURE WITH A MARK**

If the applicant signed with a mark (for example "X"), the mark must be made in the presence of a witness. A witness may be a relative. The witness must provide the following information:

Witness' first name, initial and last name

Relationship to the applicant

Address (No., Street, Apt., R.R., P.O. Box)

City/Town/Community

Province/Territory/State

Country

Postal/Zip Code

Telephone number

If the applicant signed with a mark, the witness must also sign the following declaration:

I have read the contents of this application to the applicant who understands and confirms the complete contents and who made his or her mark in my presence.

Signature of Witness

YYYY / MM / DD

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.



NO NEED TO RETURN PAGES 5-6 WITH APPLICATION

## SECTION B: DOCUMENT REQUIREMENTS

### I. IDENTITY REQUIREMENTS

1. You must submit the original birth certificate with the application form. It will be returned to you once identities have been verified.

**OR**

2. If you do not have the original birth certificate, you may provide two (2) of the following documents, one of which must have a photograph:

- Certificate of Indian Status (issued by Crown-Indigenous Relations & Northern Affairs)
- Provincial / Territorial Driver's Licence
- Provincial / Territorial Health Card
- Canadian Passport
- Government of Nunavut **or** Yukon **or** Northwest Territories General Identification Card

3. If you choose to mail your application and the original birth certificate is not available, you must submit certified true copies of at least two (2) of the documents listed in number 2. The original documents must be presented to an individual who will certify that the copies pertaining to the former student's identity. This individual must be a Canadian citizen residing in Canada and must be available to Service Canada for verification.

**Please note that you cannot certify a copy of your own documents.**

On the copy of the identity document that **does not feature a photo**; the person certifying the document must include the statement "*I certify this to be a true copy of the original*". On the copy of the identity document that **features a photo**; the person certifying the document must include the statement "*I certify that this is a true copy of the original and that the image is a true likeness of the applicant. I am a Canadian citizen*". On all copies of identity documents, they will also include their printed name, position, signature, contact information and the date they certified the document.

**The following can certify the documents:**

- Chief or Councillor of First Nations Band Council
- Council of the Métis Settlements General Council and Members of the Saskatchewan Provincial Métis Council
- Dentist
- Executive Officer of Nunavut Tunngavik Inc
- Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories)
- Executive Officer of Makivik (Northern Québec)
- Judge
- Lawyer (member of a provincial bar association)
- Notary (in Québec)
- Magistrate
- Mayor
- Medical doctor

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## I. IDENTITY REQUIREMENTS

- Notary public
- Minister of religion authorized under provincial law to perform marriages
- Officer of the Kivalliq Inuit Association
- Optometrist
- Pharmacist
- Police officer (municipal, provincial or RCMP)
- Postmaster
- Principal of a primary or secondary school
- Professional accountant (APA, CA, CGA, CMA, PA, RPA)
- Professional engineer (P.Eng., Eng. in Québec)
- Senior administrator in a community college (includes CEGEPs)
- Senior administrator or teacher in a university
- Social worker with MSW (Masters in Social Work)
- Veterinarian

### PLEASE NOTE:

Should the name on the identity documents differ from current name, proof must be submitted to support the discrepancy. Original or certified true copies of the following may be submitted:

- Marriage Certificate or Marriage Registration
- Divorce Decree
- Legal Change of Name Document
- Adoption Papers

## II. SUBMITTING YOUR APPLICATION

You may submit your application by mail or in person at Service Canada Centre locations.

If you are applying by mail, please submit your application to:

**CEP Processing Centre  
PO BOX 8232, Station T  
Ottawa, Ontario K1G 3H7**

Please do not provide any additional documents other than what is requested on the application form. We will contact you directly by phone or by mail if we need further information. Please ensure that you have completed all the information and have signed your application. Service Canada operates within the Department of Employment and Social Development. To find a Service Canada Centre near you go to [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca) OR call 1-800-O-Canada (1-800-622- 6232).

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.



**GUARANTOR DECLARATION**  
Used to support Identity validation of Applicant  
(Former Student or Personal Representative)  
Must be accompanied by CEP application

This Guarantor Declaration will be accepted to establish that the current name used by the applicant in the CEP application is the same name by which the applicant is known to the guarantor. Service Canada may contact the guarantor to verify their declaration.

Please place a check mark against the statement below that applies to your situation.

This Guarantor Declaration is submitted when the Common Experience Payment (CEP) applicant **cannot**:

- Submit an identity document with a photograph as required in support of the CEP application.
- Obtain the identity document(s) required in support of the CEP application.
- Obtain the identity documents outlined in the CEP application that support a change of name.

Please ensure that a completed and signed application for the Common Experience Payment along with the supporting documentation (e.g. identity documents) where relevant, is also submitted. Service Canada may contact the persons identified in this form to verify their declaration.

**1. APPLICANT'S INFORMATION**

First Name(s)	Middle Name(s) (if applicable)	Last Name(s)	YYYY / MM / DD
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**Current Address:**

(P.O. Box, Street No., Street, Apt., R.R.)	City/Town/Community
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Province/Territory/State	Postal/Zip Code	Country
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Date of Birth (YYYY/MM/DD)	Telephone Number	CEP Application Reference Number <i>(if known)</i>
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For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.







**2. Signature**

My signature/mark indicates that the information I have provided in this form is true and accurate. I acknowledge that knowingly making a false or fraudulent statement could result in criminal prosecution. I understand that every form is subject to verification.

**Signature**

YYYY / MM / DD

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the *Privacy Act* and the *Department of Employment and Social Development Act (DESDA)*. I have the right to request access to my personal information pursuant to the *Privacy Act*, and I am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

**3. SIGNATURE WITH A MARK**

If signed with a mark (for example symbol/"X"), the mark must be made in the presence of a witness. A witness may be a relative. The witness must provide the following information:

**WITNESS'S INFORMATION**

**First Name(s)**

**Middle Name(s) (if applicable)**

**Last Name(s)**

**Relationship to the Applicant:** \_\_\_\_\_

**Address of Witness:**

(P.O. Box, Street No., Street, Apt., R.R.)

City/Town/Community

Province/Territory/State

Postal/Zip Code

Country

If signed with a mark, the witness must also sign the following declaration:  
I have read the contents of this form to the applicant who understands and confirms the complete contents and who made his or her mark in my presence

**Signature of Witness**

YYYY / MM / DD

For assistance completing this application form, please contact Crawford Class Action Services at 1-866 640-9992 or TTY users 1-877-627-7027.



<b>4. GUARANTOR INFORMATION</b>		
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French		
First Name(s)	Middle Name(s) (if applicable)	Last Name(s)
<b>5. MAILING ADDRESS OF GUARANTOR</b>		
Name of organization (if applicable)		
(P.O. Box, Street No., Street, Apt., R.R.)		City/Town/Community
Province/Territory/State	Postal/Zip Code	Country
<b>6. TELEPHONE NUMBERS OF GUARANTOR</b>		
Home	Business	Cell/Other
<b>7. OCCUPATION OF GUARANTOR</b>		
Please indicate your occupation:		
<input type="checkbox"/> Chief or Councillor of First Nations Band Council <input type="checkbox"/> Council of the Métis Settlements <input type="checkbox"/> General Council and Members of the Saskatchewan Provincial Métis Council <input type="checkbox"/> Members of the Saskatchewan Provincial Métis Council <input type="checkbox"/> Métis Council <input type="checkbox"/> Dentist <input type="checkbox"/> Executive Officer of Nunavut Tunngavik Inc <input type="checkbox"/> Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories) <input type="checkbox"/> Executive Officer of Makivik (Northern Québec) <input type="checkbox"/> Judge <input type="checkbox"/> Lawyer (member of a provincial bar association) <input type="checkbox"/> Notary in Québec <input type="checkbox"/> Magistrate <input type="checkbox"/> Mayor <input type="checkbox"/> Medical doctor	<input type="checkbox"/> Minister of religion authorized under provincial law to perform marriages <input type="checkbox"/> Notary public <input type="checkbox"/> Officer of the Kivalliq Inuit Association <input type="checkbox"/> Optometrist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Police officer (municipal, provincial or RCMP) <input type="checkbox"/> Postmaster <input type="checkbox"/> Principal of a primary or secondary school <input type="checkbox"/> Professional accountant (APA, CA, CGA, CMA, PS, RPA) <input type="checkbox"/> Professional engineer (P. Eng., Eng. in Québec) <input type="checkbox"/> Senior administrator in a community college (includes CEGEPs) <input type="checkbox"/> Senior administrator or teacher in a university <input type="checkbox"/> Social Worker with MSW (Masters in Social Work) <input type="checkbox"/> Veterinarian	

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**8. GUARANTOR DECLARATION:**

I hereby declare that I have known the applicant as \_\_\_\_\_  
 (PLEASE INSERT APPLICANT'S FULL NAME) personally for at least TWO years. My signature indicates that the information I have provided in this form is true and accurate. I acknowledge that knowingly making a false or fraudulent statement could result in criminal prosecution. I understand that every form is subject to verification.

**Name (print)**

**Guarantor's Signature**

**YYYY / MM / DD**

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the *Privacy Act* and *Department of Employment and Social Development Act* (DESDA). I have the right to request access to my personal information and am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

To be mailed to:

**CEP Processing Centre  
 PO BOX 8232, Station T  
 Ottawa, Ontario K1G 3H7**