

**Nishnawbe Aski Development Fund
Bookkeeping Workshop
APPLICATION**

Identification of Applicant:

Name of Business:

Date this business started:

Business Address:

Mailing Address (if different):

Telephone:

Fax:

Contact/Authorized Person:

Title of contact:

Contact number:

Signature of authorized person: _____

Date: _____

Email of Contact:

Evidence of Business Existence

Please provide evidence of business existence and who will be attending the workshop whether yourself or an employee. Please see the Call for Applications for examples of what will be accepted as proof of business existence.

Evidence of Aboriginal Ownership

Please provide evidence of Aboriginal ownership. This will be a copy of the front and back of the owner(s) status card(s). If it is a corporation applying we would also require a copy of the Share Register.