Anguvigaq ᐊᖑᕕᒐᖅ

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P.O. Box 40
Tasiujaq, Quebec J0M 1T0
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Toll Free (844) 964-4382
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Nomination Form
ᓂᕈᐊᕋᑦᓴᓕᐅᕈᑎ

Anguvigaq Executive // ᐊᖑᕕᒐᖅ *2026*

I hereby declare my intention to run for the Anguvigaq Executive _______________, consent to this nomination, and affirm that the information provided is true to the best of my knowledge. //

ᐅᕙᖓ ᐅᖃᓪᓚᕆᒃᑯᖓ ᓂᕈᐊᕋᑦᓴᐅᒍᒪᑦᓱᖓ ᐊᖑᕕᒐᕐᒧᑦ _______________ᐅᕙᓂ ᐱᒍᓐᓇᑎᑦᓯᓱᖓ ᑕᒪᑦᓱᒥᖓ ᓂᕈᐊᕋᑦᓴᓕᐊᖑᓂᕐᒥᒃ, ᐊᒻᒪᓗ ᓱᓕᓂᕂᑦᓱᖓ ᖃᐅᔨᒪᔭᐅᒍᑎᒃᑲᓂᒃ ᓄᐃᑕᑎᑕᐅᔪᓂᒃ ᓱᓕᓂᕋᕐᓱᒋᑦ ᐱᕕᓕᒫᕋᓄᑦ ᖃᐅᔨᒪᔭᒃᑲᑎᒍᑦ.

Nominee Information // ᓂᕈᐊᕋᑦᓴᐅᑉ ᖃᐅᔨᒪᔭᐅᒍᑎᖏᑦ

Full Name // ᐊᑏᑦ ᐊᓪᓚᓗᒍ: ____

Date of Birth // ᐃᓅᓕᕐᕕᖓᑕ ᐅᓪᓗᖏᑦ: ____________________________________

Beneficiary No. // ᐃᓚᐅᔫᒍᑎᖓᑕ ᑭᓯᑦᓯᒍᑎᖏᑦ:______________________________

Signature // ᓴᓂᕐᓗᒍ ᐊᑏᑦ: ________________________

Signed at (Place) // ᐊᑎᓕᐅᕐᑕᐅᔪᖅ (ᓄᓇᓕᖓ) : ________________________ , Quebec // ᑯᐸᐃᒃᒥ

Signed on (Date) // ᐊᑎᓕᐅᕐᑕᐅᔪᖅ (ᐅᓪᓗᖓ): ________________________

Nominators (2) // ᑎᓕᔨᔪᐃᑦ (2):

Full Name // ᐊᑎᖓ	Beneficiary Number // ᐃᓚᐅᔫᒍᑎᖓ	Signature // ᓴᓂᕐᓗᒍ ᐊᑏᑦ
Full Name // ᐊᑎᖓ	Beneficiary Number // ᐃᓚᐅᔫᒍᑎᖓ	Signature // ᓴᓂᕐᓗᒍ ᐊᑏᑦ

For Office Use Only // ᐊᒃᓚᕕᕐᑎᒍᑦ ᑭᓯᐊᓂ ᐊᑐᕐᑕᐅᒍᓐᓇᑐᖅ

Returning Officer // ᓂᕈᐊᕐᑐᓕᕆᔨ: ________________________

Date received // ᐅᓪᓗᖅ ᐱᔭᐅᕙᖕᒐ : ________________________

Eligibility verified // ᓂᕈᐊᕋᓪᓴᐅᒍᓐᓇᒪᖕᒑᑦ ᖃᐅᔨᒋᐊᕐᑕᐅᓯᒪᔪᖅ : ☐ Yes // ᐋᐊ ☐ No // ᐊᐅᑲ

Signature of Returning Officer // ᐊᑎᓕᐅᕐᕕᖕᒐ ᓂᕈᐊᕐᑐᓕᕆᔨᐅᑉ : ________________________