## **Kivalliq Inuit Association – Designate of Assignment of Voucher**

Name:	
NTI Enrollment Num	ber:
Associate Community	:
Name of Designated P	Person of Assignment:
	, hereby waive and release my 2023 KIA Vouchers to s the authorized individual to receive the voucher.
By signing below, I he it and execute it volun	ereby acknowledge that I have read this waiver and fully understand tarily.
Signature	Date

Please submit completed forms to Art Sateana at asateana@kivalliqinuit.ca