



Mary River Wildlife Compensation Fund - Claim Form

If an incident of loss or damage to wildlife occurred resulting in a loss to you (or you and other Inuit), and the incident was directly or indirectly caused by activities related to the Mary River Mine you may be eligible for compensation pursuant to the Mary River IIBA. Please read the "Guidelines for Applicants" before filling out your claim. If you need any help or have any questions please contact your local Community Liaison Officer (CLO) or contact QIA by Phone: (867) 975-8400 Toll-free: 1-800-667-2742. For help you can also contact your local Hunters and Trappers association.

Please fill out this form or ask the QIA CLO, BIM CLO or HTO staff to write down your information if you would prefer to describe your claim verbally and have this form completed for you before you sign it.

1. Name of the Claimant(s) _____
2. Community Of Residence _____
3. The date, time and place where the incident occurred _____

4. The type of wildlife involved _____
5. A detailed account of the incident and events that led to the loss (use a separate page if needed).

Additional Information

6. Provide any evidence related to the loss that will support your claim.
 - Pictures, videos, witness statements and/or any proof that supports your description of the incident will be considered and may strengthen your claim. (see "Guidelines for Applicants" for further details)
7. Describe any actions taken to attempt prevent or avoid the loss.
8. Attach any letters of support from community groups (Elder's committee, wellness committee, Hamlet etc.)

Claimant Sworn Statement

I _____ (print name) swear that everything provided in this claim is true and accurate to the best of my knowledge and belief. I make oath that I have suffered loss and believe that I may qualify for compensation under the Mary River Wildlife Compensation Fund. I have reviewed or had explained to me, and I fully understand, the "Guidelines for Applicants". I accept that my claim will be evaluated under the Framework of this Fund and that all decisions made by QIA, including decisions made through an appeal process, are final and are not subject to review by any third party. In the event I am not satisfied with a decision under the Mary River Wildlife Compensation Fund I am aware that I have the ability to present a claim consistent with Article 6 of the Nunavut Land Claims Agreement (NLCA). I am aware that the Wildlife Compensation Fund does not cover "Major Events" as defined in the IIBA, and also that any compensation paid to me by the Fund cannot be duplicated by compensation paid under the NLCA, and vice versa.

Sworn in the Hamlet of _____

This ___ day of _____, 20 _____. Signature of Claimant: _____

Prior to QIA consideration of your claim to the Mary River Wildlife Compensation Fund, the local Hunters and Trappers Organization will review your claim to establish its validity on the following date: