

**UCHUCKLESAHT
TRIBE**
Land Act
Uchucklesaht Titled Lands
Transfer Regulation s.4.24(d)
Form TF-1



(This area required for lands and resources department use)

Application Fees paid

Date received: _____

TRANSFER APPLICATION

Page 1 of ____ Pages

1. APPLICATION: (Name, address, phone number and signature of applicant, applicant's solicitor or agent)

FULL NAME: _____

ADDRESS: _____

SOCIAL INSURANCE NO.: _____

OCCUPATION: _____

PHONE: _____

Signature of Applicant's Solicitor or Agent

2. PARCEL IDENTIFIER(S) AND LEGAL DESCRIPTION(S) OF AFFECTED LAND: *

PID No.

LEGAL DESCRIPTION:

3. PARCEL CIVIC ("STREET") ADDRESS, IF ANY:

4. CONSIDERATION: \$

5. NATURE OF INTEREST TO BE TRANSFERRED:

Uchucklesaht fee simple interest Title No.: _____

6. TRANSFEROR(S): (including postal address(es) and postal code(s)) *

FULL NAME: _____

ADDRESS: _____

SOCIAL INSURANCE NO.: _____

OCCUPATION: _____

7. TRANSFEREE(S): (including postal address(es) and postal code(s)) *

FULL NAME: _____

ADDRESS: _____

SOCIAL INSURANCE NO.: _____

OCCUPATION: _____

Uchucklesaht citizenship No.: _____

8. TRANSFEREE'S INTENDED PURPOSE FOR PARCEL:*

9. EXECUTION(S): ** The transferor(s) accept(s) the consideration set out in Item 4 and understand(s) that this instrument operates as an irrevocable application to the Uchucklesaht Executive for a certificate of transfer for the interest set out in Item 5 in the land described in Item 2 to the transferee(s).

Witness Signature(s)

EXECUTION DATE

Applicant Signature(s)

Print witness name:

Print witness address:

Print witness occupation:

Y	M	D

Print Name:

Print Name:

* If space is insufficient, enter "SEE SCHEDULE" and attach schedule in Form TF-3.

** If space is insufficient, continue executions on additional page(s) in Form TF-2.