

**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**

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.