
SAH Community Name

a sub-agreement holder of First Peoples Development Inc.



Section 25 EI Designated Authority Changes

Community Name: _____

Community Address: _____

The designated Authority for Employment Insurance Eligibility checks from the above named community/sub agreement holder, has changed as of this date: ___/___/____.

His or her name is printed below along with their signature and contact information.

Print Name

Signature

Phone number

Fax number

E-mail address

Mailing address

As of the above mentioned date, please remove _____, as this individual is no longer the designated Authority for conducting Employment Insurance Eligibility checks for this community's ASETS programming.

Sincerely,

Print Name & Title of either Chief, or Portfolio Councillor, or Band Manager

Signature of either Chief, or Portfolio Councillor, or Band Manager

Date: _____

Fax to FPDI: 204-987-9589



Initialed by
FPDI Coordinator