



SHUSWAP INDIAN BAND

First Nation Lands Register

APPROVED AS TO THE FORM BY
THE LANDS MANAGER PURSUANT
TO THE SHUSWAP LAND CODE

Signature:

Date:

REQUEST FOR REPLACEMENT OF TITLE

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THE UNDERSIGNED, [NAME] (No. _____) a member of the Shuswap Indian Band, registered in lawful possession of the land described below pursuant to Shuswap Land Code or, prior to the date of the Land Code granted pursuant to section 20 of the *Indian Act* being issued as follows:

LOT ___ CLSR _____ RESERVE NAME & NO. ___ CP# ___

AND ACKNOWLEDGE that the above parcel of land is now shown as:

LOT ___ CLSR _____ RESERVE NAME & NO. ___ CP# ___

LOT ___ CLSR _____ RESERVE NAME & NO. ___ CP# ___

LOT ___ CLSR _____ RESERVE NAME & NO. ___ CP# ___

AND REQUEST that new evidence of titles be issued according to the new legal descriptions.

IN WITNESS WHEREOF, I have hereunto subscribed my name this

EXECUTION DATE

Y	M	D
0000	00	00

Witness(s) Name:

NAME (# _____)

NOTE: Where the Member signs by "mark" TWO witnesses are required, neither of whom may sign by "mark"