Indigenous Services Canada | Services aux Autochtones Canada

THIRD-PARTY ADMINISTRATION AGREEMENT

Provision of the information requested on this document is voluntary and is being collected in order to make a fair decision. The information will be stored in personal information bank INA / P-PU-020 and is protected under the provisions of the Privacy Act.

I, _____ of _____,
(Mailing Address)

agree to act as trustee for _____, Family No. and Band Name _____
(Name of recipient)

_____, with the understanding that Social Assistance to which he/she is eligible will be issued to me on his/her behalf.

I agree to make a report substantiated with receipts, upon request by the Administrative Authority, showing the manner in which the Social Assistance was spent for the benefit of the recipient and dependents.

_____ _____
Signature of Recipient Date

_____ _____
Signature of Trustee Date

_____ _____
Signature of Witness Date

Approved by _____ _____
(For Administrative Authority) Date

Original to: ➤ Administrative Authority Copies to: ➤Client File, Third Party Administrator

Canada

901-19 (10-88)