

Nunavut Tunngavik Incorporated

Inuit Firm Registry

2008 ANNUAL BUSINESS INFORMATION FORM

1. **Inuit Firm Registry Certificate #:**
2. **Date certificate issued:** _____
3. **Region:** _____
4. **Business name:(1)** _____
5. **Business name:(2)** (if different from 1) _____
6. **Type of Business:**
7. **Name of contact:** _____ **Title of contact:** _____
8. **Is your business still in operation?** **Y N**
If "no", on what date did your business cease operations? _____
9. **Is the following contact information up to date?** **Y N**
If "no", please provide this information below:

Box # : _____ **Y N**
Telephone: _____ **Y N**
Fax: _____ **Y N**
Email: _____
10. **Does your business have any new shareholders, partners, or members?** **Y N**
If "yes", on a separate sheet, please provide the names of these shareholders, partners, or members and if individuals, indicate whether they are enrolled as beneficiaries under the *Nunavut Land Claims Agreement*.
11. **Has the number of shares issued changed in the last twelve months?** **Y N**
If "yes", please attach all legal documentation and corporate documents that pertain to the change.
12. **Has the ownership of issued shares changed in the last twelve months?** **Y N**
If "yes", please attach all legal documentation and corporate documents that pertain to the change.
13. **Has your business obtained its business license for the current year?** **Y N**
We **require** an updated copy.

Preferred way of communication, please provide appropriate information.
Mail
Fax
Email
Failure to complete this form and providing accompanying information outlined may result in your Inuit Firm Registry status being revoked.
Misrepresentation of any information may also result in your status being revoked and or any future applications.

<p><u>Certification:</u></p> <p>The undersigned certifies that the information in this form and accompanying documents is correct. The applicant also agrees to notify Nunavut Tunngavik Incorporated of any changes of any information contained in this application.</p> <p>Signed at _____, _____ this ___ day of _____ 2008. (Municipality) (Province or Territory)</p> <p>Name: _____ Title: _____</p> <p>Signature: _____</p>

Please return this form by mail or fax to:

Business Development Officer
Nunavut Tunngavik Incorporated
P.O. Box 638
Iqaluit, Nunavut
X0A 0H0
Toll Free 1-888-646-0006
Tel: (867) 975-4900
Fax: (867) 975-3442