

ATTACHMENT H – INDIVIDUAL LAND HOLDINGS & ALLOTMENTS

NOTE FOR FIRST NATIONS IN QUEBEC

All references to joint tenancy and tenancy in common in the following forms should be amended to reflect the Civil Law’s legal principle of co-ownership.

CP ORIGINAL

LOGO _____ FIRST NATION ORIGINAL Number _____

CERTIFICATE OF POSSESSION
(Issued pursuant to the _____ First Nation Land Code)

This is to certify that, as of the date hereof, according to the _____ Lands Register

LEGAL NAME MEMBERSHIP NO. _____

of the [First Nation] is entitled to possession of:

LOT _____, RESERVE NAME & NO. _____, in the Province of British Columbia as shown on Plan of Survey No. _____ deposited in the Canada Lands Survey Records

Dated _____ under Registration No. _____ [Lands Title]

LOGO _____ FIRST NATION ORIGINAL Number _____

CERTIFICATE OF POSSESSION

NOTE:
The parcel of land covered by this Certificate of Possession is subject to any interest registered in the _____ Lands Register and subject to any defects, errors or omissions.

CP DATABASE

CP #	DATE ISSUED	REGISTRATION#	LOT #	PLAN #	GRANTEE	INTEREST	ACTIVE/INACTIVE	COMMENTS
FN001	15-Sep-14	FN1234	123	RSBC 123	JANE ALICE DOE	JOINT TENANT	ACTIVE	
FN001	15-Sep-14		123	RSBC 123	JOHN ALLEN DOE	JOINT TENANT	INACTIVE	
FN002	9-Jan-14		88	CLSR 567	ALICE JANE LASTNAME			

HOUSING ALLOTMENT FORM

FIRST NATION HOUSING ALLOTMENT			APPROVAL RECOMMENDATION FORM	
PART ONE: Housing Department				
TENANTS NAME:			BAND MEMBER NO.:	
CIVIC ADDRESS:			POSTAL CODE:	
LEGAL DESCRIPTION:		PLAN NO.:	RESERVE NAME & NO.:	
OCCUPANCY: FROM: TO:			ORIGINAL OCCUPANT: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHASE NO.:	MORTGAGE/HYPOTHEC (QC) NO.:	MORTGAGOR/HYPOTHECATOR (QC):	BALANCE OWING:	
RENT ARREARS:	REPAIRS/RENO.:	OTHER:	Total: \$	
REGISTRATION PARTICULARS:	TENURE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT TENANCY <input type="checkbox"/> TENANCY IN COMMON			
REGISTERED NAME(S):				BAND MEMBER NO.:
REGISTERED NAME(S):				BAND MEMBER NO.:
COMMENTS/RECOMMENDATIONS:				
			Signature of Program Manager:	Date:
PART TWO Finance Department Complete Part Two, attach relevant documentation and forward entire form to Land Governance office				
DATE	PROGRAM / ENTITY	DESCRIPTION / DETAIL		AMOUNT
COMMENTS/RECOMMENDATIONS:				\$
			Signature of Program Manager:	Date:
PART THREE Public Works / Utilities Complete Part Three, attach relevant documentation and forward entire form to Land Governance office				
DATE	WATER AND/OR SEWER			AMOUNT
SEWER: <input type="checkbox"/> Yes <input type="checkbox"/> No	WATER: <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS RIGHT OF WAY BEEN SURVEYED	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
COMMENTS/RECOMMENDATIONS:				
			Signature of Program Manager:	Date:
PART FOUR Chief and Council Attach copy of BCR and distribute form as per below				
<input type="checkbox"/> Rejected	<input type="checkbox"/> Approved by BCR No.:		Date of Council Meeting	
COMMENTS/RECOMMENDATIONS:				
			Signature of Council Secretary:	Date:

PARCEL OF LAND PURCHASE APPROVAL FORM

FIRST NATION LAND PURCHASE		APPROVAL FORM	
PART ONE: Land Governance office			
Locatee(s) Name:		Band Member No.:	
C.P. No.:		<input type="checkbox"/> Individual <input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenants in Common	
Civic Address:		Postal Code:	
Legal Description:	Plan No.:	Reserve Name & No.	
Any registered Easements/ <i>servitudes</i> (QC) and/or Rights of Way	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please list:	
Any unregistered Easements/ <i>servitudes</i> (QC) and/or Rights of Way	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please list:	
Appraisal:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waived by Locatee(s):	
Name of Appraisal Firm:	Date of Appraisal:		
Fair Market Value:	Copy on File:		
Environmental Concerns:	Intended Use:		
PART TWO Finance Department Complete Part Two, attach relevant documentation and forward entire form to Land Governance office			
DATE	PROGRAM / ENTITY	DESCRIPTION / DETAIL	AMOUNT
INTERNAL - Source of Money for Purchases of Interests/Land Rights (QC)		Code:	\$
COMMENTS / RECOMMENDATIONS			
Signature of Program Manager:		Date:	
PART THREE Public Works / Utilities Complete Part Three, attach relevant documentation and forward entire form to Land Governance office			
DATE	WATER AND/OR SEWER		AMOUNT
Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Right of Way been surveyed			\$
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Comments:			
PART FOUR Chief and Council Attach copy of BCR and distribute form as per below			
<input type="checkbox"/> Rejected	<input type="checkbox"/> Approved by BCR No. :	Date of Council Meeting	
Comments / Recommendations:			
Signature of Council Secretary:		Date:	

ACQUISITION OF INTEREST/LAND RIGHTS (QC) APPROVAL FORM

ACQUISITION OF INTEREST/LAND RIGHTS (QC) APPROVAL FORM			
PART ONE: Land Governance office			
Locatee(s) Name:			Band Member No.:
Purchaser Name:			
C.P. No.: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenants in Common			
Civic Address:			Postal Code:
Legal Description:		Plan No.:	Reserve Name & No.
Any registered Easements/ <i>Servitudes (QC)</i> and/or Rights of Way <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Please list:	
Any unregistered Easements/ <i>Servitudes (QC)</i> and/or Rights of Way <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Please list:	
Appraisal: <input type="checkbox"/> Yes <input type="checkbox"/> No		Waived by Locatee(s):	
Name of Appraisal Firm:		Date of Appraisal:	
Fair Market Value:		Copy on File:	
Environmental Concerns:		Intended Use:	
PART TWO Finance Department Complete Part Two, attach relevant documentation and forward entire form to Land Governance office			
DATE	PROGRAM / ENTITY	DESCRIPTION / DETAIL	AMOUNT
<i>INTERNAL - Source of Money for Land Purchases</i>		Code:	\$
COMMENTS / RECOMMENDATIONS			
Signature of Program Manager:			Date:
PART THREE Public Works / Utilities Complete Part Three, attach relevant documentation and forward entire form to Land Governance office			
DATE	WATER AND/OR SEWER		AMOUNT
Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No	Water <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Has Right of Way been surveyed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Comments:			
PART FOUR Chief and Council Attach copy of BCR and distribute form as per below			
<input type="checkbox"/> Rejected		<input type="checkbox"/> Approved by BCR No. :	Date of Council Meeting
Comments / Recommendations:			
Signature of Council Secretary:			Date:

FORM 01 – CP ALLOTMENT BY FIRST NATION

[FIRST NATION]

INSERT LOGO

[FIRST NATION] Lands Register
Form No. 01

APPROVED AS TO THE FORM BY THE
[LANDS TITLE] PURSUANT TO THE
[FIRST NATION] LAND CODE

Signature: _____

Date: _____

TRANSFER OF INTEREST IN ALLOTMENT OR CERTIFICATE OF POSSESSION

Page 1 of ____ Pages

1. APPLICATION: (Name, address, phone number and signature of applicant, applicant's solicitor or agent)

[NAME]
[ADDRESS]
Phone: _____

Signature of Applicant, Applicant's Solicitor or Agent

2. PARCEL IDENTIFIER(S) AND LEGAL DESCRIPTION(S) OF LAND:

PIN	LEGAL DESCRIPTION
00000000	[LOT] [PLAN] [RESERVE NAME & NO.]

3. CONSIDERATION:

\$1.00 and other good and valuable consideration

4. TRANSFEROR(S):

[FIRST NATION], [ADDRESS]

5. INSTRUMENT:

Agreement
 Estate Transfer
 Other (specify): Certificate of Possession or Allotment No. _____

6. TRANSFEREE(S): including occupation(s), postal address(es) and postal code(s)

[NAME]
[ADDRESS]
[FN] Membership No. _____

7. EXECUTION(S): The transferor(s) accept(s) the above consideration and understand(s) that this instrument operates to transfer the Allotment or Certificate of Possession in the land described in Item 2 to the transferee(s).

Officer Signature(s)

EXECUTION DATE

Transferor(s) Signature(s)

As to all the signature of the Transferor(s)

Y	M	D
0000	00	00

Chief

Councillor

Councillor

Councillor

Councillor

OFFICER CERTIFICATION:

Your signature constitutes a representation that you are a solicitor, notary public or other person authorized by the Evidence Act, R.S.B.C. 1996 c 124 to take affidavits for use in British Columbia and certifies that there has been compliance with the [First Nation] Land Code.

SAMPLE BCR

ALLOTMENT OF LAND IN AN INDIAN RESERVE

WE THE COUNCIL OF THE ___ First Nation
DO HEREBY RESOLVE to allot the following land to:

(Insert name & band no. of Individual(s))

<enter name & band no.>

<enter name & band no.>

<enter name & band no.>

(Please note whether Joint Tenants or
Tenants in Common, if applicable)

<please indicate tenancy>

Pursuant to Section ___ of the ___ Land Code:

(Legal Description)

Lot _____ Plan _____ Reserve Name _____ No. _____

(List all encumbrances/[charges \(QC\)](#))

Subject to:

<list all encumbrances/[charges \(QC\)](#)>

The Resolution was consented to at a duly convened meeting of the said
council on the _____ day of _____, 20____.

Council Signature

Council Signature

Council Signature

Council Signature

Council Signature

Council Signature

