

Indian Residential Schools Settlement Agreement Personal Credits Appeal Form (“form”)

Instructions

The attached Personal Credits Appeal form is to be used to appeal the Decision of the Personal Credits Administrator in regard to your Personal Credits entitlement. You are allowed **one** appeal in regard to your Personal Credit Acknowledgement form.

The appeal is to be in writing only. There will be no personal appearance before the Advisory Committee. The applicable Advisory Committee will review your appeal and provide a written decision.

Only the CEP Recipient or his or her Personal Representative may submit an appeal on behalf of him or herself, family members, Education Entities and/or Group Educational Services in relation to his or her Personal Credits.

A CEP Recipient may request an appeal of a decision of the Agent of the Trustee on any of the following grounds:

- a. the proposed Transferee be recognized as a Family Class Member;
- b. a proposed education entity or group educational service be recognized as an eligible Education Entity or Group Educational Service;
- c. a proposed program or service be recognized as an eligible Education Program or Service;

Please read all questions and requests for information carefully before answering. Please use black or blue ink pen. Incomplete information may lead to your appeal being delayed or denied.

Step 1 - Personal Information:

Please review and complete Section A - CEP Recipient Information.

If you are a Personal Representative you must also complete Section B - Personal Representative Information. If proof of a right to act on behalf of a CEP Recipient was not provided with the Personal Credits Acknowledgement Form or if the identity of the Personal Representative has changed since submitting the original form, please submit proof immediately. Incomplete information may lead to your appeal being delayed or denied.

If someone helped you complete this form, please complete Section C.

Step 2 – Details of your Appeal

Please complete Section D – Reason for Appeal. Please explain the reason(s) why your Appeal should be allowed. If you are a Personal Representative, please list the information as it pertains to the CEP Recipient.

You may include additional supporting documentation to support your Appeal. If supporting documentation is provided, please write the CEP Recipient's First and Last Name and CEP Transaction ID at the top of each additional page submitted.

Step 3 – Sign the form:

Please review and complete Section E – Declaration and Signature. If you are a Personal Representative, please sign and date the form and indicate that you are the Personal Representative.

Step 4 – Submit the form:

Please review all information in the Personal Credits Appeal form and make a copy for your records before you send it. Send the original form and any supporting documentation to:

**Personal Credits Administrator
Suite 3 - 505, 133 Weber St N Waterloo, ON N2J 3G9
or fax 1-888-842-1332
or email IRSPersonalCredits@crawco.ca**

DEADLINE TO SUBMIT YOUR APPEAL: 30 days from the date of your letter indicating ineligibility.

Next Steps:

You will receive an Acknowledgement letter by mail once your Personal Credits Appeal form is received to let you know that we received it. If we have any questions about your form, we will contact you by telephone and/or mail so it is important to keep us informed of any changes of address or telephone numbers by calling 1-866-343-1858 or 1-877-627-7027 (TTY), or by mail at the address above, or by email to IRSPersonalCredits@crawco.ca. Incomplete information may lead to your appeal being delayed or denied.

You will receive a Decision letter on your appeal once your form has been reviewed by the Advisory Committee. The Decision from the Advisory Committee will be final. There will be no further right of appeal.

**Questions? Call 1-866-343-1858 or 1-877-627-7027 (TTY)
or email IRSPersonalCredits@crawco.ca**

Personal Credits Appeal form

Privacy Statement:

The information requested in this Personal Credits Appeal form is being collected, used and retained by the Common Experience Payment ("CEP") Personal Credits Administrator ("Administrator") and its Agents for the purpose of operating and administering the CEP Personal Credits Administration pursuant to the *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 ("PIPEDA"). The information will be provided to the Government of Canada in order to facilitate the administration of the CEP Personal Credits. Personal information is protected under federal legislation, including PIPEDA and the *Privacy Act*, and personal information may be used or disclosed in accordance with applicable legislation. You have the right to request access to your personal information. To do so, call 1-866-343-1858 or 1-877-627-7027 (TTY).

Please use black or blue ink.

Section A – CEP Recipient Information (Please answer all boxes)

CEP Transaction ID		Group: <input type="checkbox"/> Status Indian <input type="checkbox"/> Non Status Indian <input type="checkbox"/> Métis <input type="checkbox"/> Non Aboriginal <input type="checkbox"/> Inuit (Nunavut) <input type="checkbox"/> Inuit (Quebec) <input type="checkbox"/> Inuvialuit			
Language Preference <input type="checkbox"/> English <input type="checkbox"/> French			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
First Name		Middle Name(s)		Last Name	
Date of Birth (mm/dd/yyyy)		Place of Birth (Province/Territory/State/Country)			
Mailing Address (No., Street, Apt., R.R., P.O. Box)			City/Town		Province/Territory/State
Country	Postal Code/Zip Code	Telephone Number () -		Email Address:	

Section B – Personal Representative Information

This section is to be completed only if you are a Personal Representative. Personal Representative includes, if a person is deceased, an executor, administrator, estate trustee, trustee or liquidator of the deceased or, if the person is mentally incompetent, the tutor, committee, Guardian, curator of the person or the Public Trustee or their equivalent or, if the person is a minor, the person or party that has been appointed to administer his or her affairs. **You MUST fill out both Section A and Section B. You MUST also provide proof of your authority to act as a Personal Representative of the CEP Recipient.**

I am applying on behalf of a CEP Recipient who is:		I have certified true copy enclosed:			
<input type="checkbox"/> an Incapable Person		<input type="checkbox"/> Authority to Act			
<input type="checkbox"/> Deceased		<input type="checkbox"/> Court Order			
<input type="checkbox"/> a Minor		<input type="checkbox"/> Probated Will			
		<input type="checkbox"/> Other: _____			
Representative's First Name		Representative's Middle Name(s)		Representative's Last Name	
Mailing Address (No., Street, Apt., R.R., P.O. Box)				City/Town	
Province/Territory/State		Country	Postal Code/Zip Code	Telephone Number () -	

Section C – If someone helped you fill out this form, please provide that person's information below

First Name		Last Name			
Mailing Address (No., Street, Apt., R.R., P.O. Box)				City/Town	
Province/Territory/State	Country	Relationship to you:			

Section D - Reason For Appeal

I am appealing because (please check all that apply):

- The proposed Transferee was not recognized as a Family Class Member;
- A proposed education entity or group educational service was not recognized as an eligible Education Entity or Group Educational Service;
- A proposed program or service was not recognized as an eligible Education Program or Service;

In the space below, please explain the reason(s) why your Appeal should be allowed.

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Section E – Date and Signature

This section must be completed by the CEP Recipient or his or her Personal Representative.

By signing this form below, I agree to the sharing of my personal information, including but not limited to my contact information, with the Government of Canada and necessary third parties authorized by the Court, only for the purposes of processing my request to use Personal Credits, including any appeals.

Print Name: _____ Signature: _____

Date: _____

Signature with a Mark:

If the person signed with a mark (for example “X”), the mark must be made in the presence of a witness. A witness may be a relative. The witness must complete the information below and sign the Witness Declaration.

Witness' First Name	Witness' Middle Name(s)	Witness' Last Name
City/Town	Province/Territory/State	Country

Relationship to CEP Recipient

Witness Declaration: I have read the content of this Personal Credits Appeal form to the CEP Recipient or Personal Representative who understands and confirms the information and who made his or her mark in my presence.

Print Name: _____ Signature: _____

Date: _____
(mm/dd/yyyy)

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or email at IRSPersonalCredits@crawco.ca**