



ANNEX A AIR INDIA FLIGHT 182 EX GRATIA PAYMENT FAMILY RELATIONSHIP INFORMATION

INSTRUCTIONS			
Please attach this annex to your <i>Air India Flight 182 Ex Gratia Payment Application Form</i> completed with the names of the family members on whose behalf you are applying. Each family member using a designated representative and named on Annex A must also complete and sign a separate <i>Annex B - Air India Flight 182 Ex Gratia Payment Appointment of Designated Representative and Consent of Family Member</i> . Note that where an asterisk (*) is indicated, the information requested is mandatory.			
* PART 1 - APPLICANT INFORMATION (DESIGNATED REPRESENTATIVE)			
* First Name:	Middle Initial:	* Family Name:	
* PART 2 – FAMILY MEMBER INFORMATION			
The family member identified should be the individual for which the familial relationship to the victim(s) is the easiest to demonstrate and highest in priority (see Application Guide).			
* First Name:	* Middle Initial	* Family Name:	
Last Name at Birth (* if different than current family name):		* Date of Birth: (yyyy/mm/dd)	
Other names by which the family member is known (if applicable):			
* Residential Address	*Street and Number	*City/Town	
	* Province/Territory or State (if applicable)	* Country	Postal Code
Mailing Address (*if different from above)	*Street and Number	*City/Town	
	* Province/Territory or State (if applicable)	* Country	Postal Code
*Telephone Number:		Alternate Telephone Number (if applicable):	
* Familial Relationship of Family Member to the Victim (listed in part 1 of application) i.e. Husband of Victim 1. It is important to use the same order as on Part 1 of the application.			
Victim 1:		Victim 5:	
Victim 2:		Victim 6:	
Victim 3 :		Victim 7:	
Victim 4:		Victim 8:	
<input type="checkbox"/> * Document supporting family member's identity is attached (please see guide for list of acceptable documents) <input type="checkbox"/> *Document supporting family member's familial relationship to each victim is attached (please see guide for list of acceptable documents).			
Note: original or certified copies of documents may be requested.			



PART 3 – ADDITIONAL FAMILY MEMBER(S) INFORMATION

Please list all family members on whose behalf the designated representative is applying and indicate familial relationship to the victim(s) named in Part 1 of the application. **Note:** It is important to use the same order as indicated in Part 1 of the application. Documents demonstrating familial relationship may be requested.

1.	First Name	Family Name	Telephone Number:
	Mailing Address (include street, number, city/town and postal code):		
	Familial Relationship to the Victim		
	Victim 1:	Victim 5:	
	Victim 2:	Victim 6:	
	Victim 3 :	Victim 7:	
	Victim 4:	Victim 8:	
2.	First Name	Family Name	Telephone Number:
	Mailing Address (include street, number, city/town and postal code):		
	Familial Relationship to the Victim		
	Victim 1:	Victim 5:	
	Victim 2:	Victim 6:	
	Victim 3 :	Victim 7:	
	Victim 4:	Victim 8:	
3.	First Name	Family Name	Telephone Number:
	Mailing Address (include street, number, city/town and postal code):		
	Familial Relationship to the Victim		
	Victim 1:	Victim 5:	
	Victim 2:	Victim 6:	
	Victim 3 :	Victim 7:	
	Victim 4:	Victim 8:	
4.	First Name	Family Name	Telephone Number:
	Mailing Address (include street, number, city/town and postal code):		
	Familial Relationship to the Victim		
	Victim 1:	Victim 5:	
	Victim 2:	Victim 6:	
	Victim 3 :	Victim 7:	
	Victim 4:	Victim 8:	



5.	First Name	Family Name	Telephone Number:
	Mailing Address (include street, number, city/town and postal code):		
	Familial Relationship to the Victim		
	Victim 1:	Victim 5:	
	Victim 2:	Victim 6:	
	Victim 3 :	Victim 7:	
	Victim 4:	Victim 8:	
6.	First Name	Family Name	Telephone Number:
	Mailing Address (include street, number, city/town and postal code):		
	Familial Relationship to the Victim		
	Victim 1:	Victim 5:	
	Victim 2:	Victim 6:	
	Victim 3 :	Victim 7:	
	Victim 4:	Victim 8:	
7.	First Name	Family Name	Telephone Number:
	Mailing Address (include street, number, city/town and postal code):		
	Familial Relationship to the Victim		
	Victim 1:	Victim 5:	
	Victim 2:	Victim 6:	
	Victim 3 :	Victim 7:	
	Victim 4:	Victim 8:	
8.	First Name	Family Name	Telephone Number:
	Mailing Address (include street, number, city/town and postal code):		
	Familial Relationship to the Victim		
	Victim 1:	Victim 5:	
	Victim 2:	Victim 6:	
	Victim 3 :	Victim 7:	
	Victim 4:	Victim 8:	

The personal information provided in this application is collected under the authority of the *Order Respecting Air India Ex Gratia Payment* (2011-1238) and the *Order Respecting Ex-Gratia Payment program - Air India Flight 182* (2011-1254) and is protected, used and disclosed under the *Privacy Act* and other federal legislation, including the *Department of Social Development Act* and the *Department of Human Resources and Skills Development Act*. Providing this information is voluntary and not required by law. However, if this information is not provided, an application cannot be processed and no *ex gratia* payment can be issued.

Information will be collected and stored in a personal information bank and will be accessible to the applicant upon request. (For Public Safety Canada, Personal Information Bank No. PS PPU 50, for Department of Human Resources and Skills Development (Service Canada) Personal Information Bank No. HRSDC PPU 702 and for Public Works and Government Services Personal Information Bank No. PWGSC PCU 712).



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Cat. No.: PS4-119/2011E-PDF

ISBN: 978-1-100-19660-2

Printed in Canada