FOR OFFICE USE ONLY
Date & Initial when completed

RECEIVED: _____
COMPLETED: _____
CONTACTED: _____
DELIVERED: _____

Request Form for Shareholder & Corporate Records

UKPEAĠVIK IÑUPIAT CORPORATION

Name of person Requesting information: _____

Company: _____ Title: _____
***Must be authorized by the President of UIC if this use is not within the company.**

Requesting: _____ Shareholder Address Labels _____ Shareholder Head of Household Labels
_____ Other Specific Reason: _____

Deadline for Request _____ ***You need to provide us with this form filled out at least a week before your deadline.**

Purpose for requested information:
_____
_____
_____

***Note: This purpose must be related to the books & records listed below.**
Representative: I have given my authority to examine these records to:

Name: _____ Phone #: _____(work)
_____(home)

Address: _____
_____
_____

Who is my: _____Attorney _____Accountant _____Legal Agent
_____ Other: _____

I certify that examination of these books and records by MY REPRESENTATIVE OR ME is solely for the purpose(s) stated above. I further certify that it is not to obtain private information about other UIC Shareholders or to injure the legitimate interests of UIC.

_____ _____
Signature Date

FOR OFFICE USE ONLY _____ Request Approved _____Request Denied

_____ _____
PRESIDENT SIGNATURE DATE