



TEL. 907-222-6900 | FAX. 907-222-6955 | 561 E. 36th Ave, STE. 120, ANCHORAGE, AK 99503 | WWW.LEISNOI.COM

SHAREHOLDER RECORD INFORMATION REQUEST FORM

The following information is needed to complete your Leisnoi, Inc. Shareholder Record. Please complete and return at your earliest convenience.

Full Legal Name: _____ Male Female

Maiden Name: _____ SS# **Use W-9 Form**

Address: _____

Date of Birth: _____ Email: _____

Phone No: (H) _____ (C) _____

Next of Kin: _____ **Male** **Female**

Relationship: (i.e. brother, sister, husband, wife, daughter, son, friend) _____

Address: _____

Date of Birth: _____ **Email:** _____

Phone No: (H) _____ **(C)** _____

Are you Alaska Native (1/4 Blood Quantum or more)? Yes No

Are you a descendant of an Alaska Native? Yes No

Are you enrolled to a Native Corporation? Yes No

If Yes, Which Native Corporation(s)? _____

Signed: _____ Date: _____

TO BE COMPLETED BY LEISNOI STAFF

Gifted from: _____ or Estate of: _____

Giftor or Estate of, Shareholder ID # _____ File ID# _____

Number of shares to be received and/or transferred: _____ Date Transferred: _____

Receiving Shareholder ID # _____ File ID # _____ Voting Rights? Y or N