USE OF A REPRESENTATIVE

You do not need to hire a representative, it is your choice. No one can guarantee the approval of your application. All the forms and information that you need to apply are available for free at www.cic.gc.ca.

A representative is someone who has provided advice or guidance to you at any stage of the application process, whether that person received consideration (i.e. compensation) or not. Following the submission of your application, that person may conduct business on your behalf with Citizenship and Immigration Canada (CIC) and the Canada Border Services Agency (CBSA) if you appoint them as your representative by filling out this form. The preceding includes Express Entry submissions. You may have **one** representative only per application. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

Note: You must use this form to appoint a paid or unpaid representative to conduct business with CIC or the CBSA on your behalf. You must also use this form to: 1. notify CIC if your representative's contact information changes, 2. if you wish to cancel the appointment of your current representative and represent yourself, or, 3. if you wish to cancel the appointment of your current representative and appoint a new representative

| | appointing a representative. Complete S | Sections A, B and D. | | | |
|--|--|--|---|--|--|
| | l am: cancelling the appointment of a represer | ntative. Complete Section A, C and D. | | | |
| SEC | TION A: APPLICANT INFORMATION | | | | |
| 1. | Your full name | | 1 | | |
| | Family name (Surname) | | | | |
| | Given name(s) | | | | |
| | | | | | |
| 2. | Your date of birth | (YYYY-MM-DD) | | | |
| 3. | If you have already submitted your application: | | | | |
| | Name of office where the application was submitted | | | | |
| | Type of application (permanent residence, extension of study permit, citizenship, etc.) | | | | |
| 4. | Your Citizenship and Immigration Canada Identification nu | mber (if known) | | | |
| | Client Identification (ID) or Unique Client Identifier (UCI) number | | | | |
| SEC | TION B: APPOINTMENT OF REPRESENTATIVE | | | | |
| | Services Agency. Note : Even if a representative is being compensated representative. I authorize Citizenship and Immigration Canada and Ca 18 years of age to my representative. This authorization | sentative and to conduct business on my behalf with Citizensi g paid or compensated by someone other than you (the appli nada Border Services Agency to release information from my is in accordance with the <i>Privacy Act</i> . to exemption, if I had the right of access under the <i>Privacy A</i> | cant), the representative is still considered to be a vase file and that of my dependent children under | | |
| 5. | Your representative's full name Family name (Surname) | | | | |
| | | | | | |
| | Given name(s) | | | | |
| 6. | Your representative: (choose one) | | | | |
| | is UNCOMPENSATED and is a: | | ı | | |
| | family member or friend | | | | |
| | member of a non-governmental or religious organization | | | | |
| | member of the Immigration Consultants of Canada Regulatory Council (ICCRC), a Canadian provincial or territorial law society, or the Chambre des notaires du Québec | | | | |
| | other | | | | |
| | is or will be COMPENSATED and is a member in good | standing of: | | | |
| the Immigration Consultants of Canada Regulatory Council (ICCRC) | | | | | |
| | Membership ID number | | | | |
| | a Canadian provincial or territorial law society | | | | |
| | Which province or territory? | | | | |
| | Membership ID number | | | | |
| | the Chambre des notaires du Québec | | | | |
| | Membership ID number | | | | |



| Your representative's | s contact information | | | | |
|--|---|--|---|--|--|
| Name of firm or organiza | ition (if applicable) | | | | |
| If student-at-law, write the | e name of the supervising lawyer | | Supervising lawyer membership ID | | |
| Mailing address | | | | | |
| | | | | | |
| Postal code/ZIP | | | | | |
| | | | | | |
| Telephone number | Country code Area code () | Number | | | |
| Fax number | Country code Area code | Number | | | |
| | () | | | | |
| Email address (if applical | ble) | | | | |
| B. in the time of the control of the | | and heart and the contract of | | | |
| specific email address | | a are nereby authorizing Citizenship and | Immigration Canada to transmit your file and personal information to this | | |
| Your representative's | s declaration: | | | | |
| I understand and a | I declare that the information in Section B is truthful, complete and correct. I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency. | | | | |
| Signature of repres | · , | | | | |
| Date | | (YYYY-MM-DD) | | | |
| | | | | | |
| CTION C: CANCEL THE | E APPOINTMENT OF A REPRES | SENTATIVE | | | |
| | zation for this person to serve as and Canada Border Services Age | | on my case file and to conduct business on my behalf with Citizenship and | | |
| Your representative's | s full name | | | | |
| Family name (Surnam | ie) | | | | |
| Given name(s) | | | | | |
| | | | | | |
| | | | | | |
| Name of firm or organ (if applicable) | ization | | | | |
| CTION D: YOUR DECL | ARATION | | | | |
| . Your declaration | | | | | |
| I declare that I hav | | questions on this form and any attached a te statements on this form, having asked a | application (if applicable). Indication (if applicable). | | |
| Signature of applic | | , , | | | |
| Date | | (YYYY-MM-DD) | | | |
| | | | | | |
| | | | | | |
| | se or common-law partner | | | | |
| Signature of spous for sponsorship ap | | (YYYY-MM-DD) | | | |

Warning! It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and the *Citizenship Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security and Intelligence Service (CSIS), where there is an agreement or arrangement with a foreign government, in accordance with subsection 8(2) of the *Privacy Act*. Pursuant to the *Immigration and Refugee Protection Regulations* and the *Citizenship Regulations*, the information may also be shared with a regulatory body that is responsible for governing or investigating the conduct of representatives, such as a provincial and territorial law society, the *Chambre des Notaires du Québec* and the Immigration Consultants of Canada Regulatory Council (ICCRC). Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca. **Infosource is also available in Canadian public libraries**.