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# **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 on the Immigration, Refugees and Citizenship Canada (IRCC) Website.

By filling out this form, you are appointing a representative to conduct business on your behalf throughout the application process. Your representative will be able to complete or update your application and act on your behalf with Immigration, Refugees and Citizenship Canada (IRCC) and the Canada Border Services Agency (CBSA). You may only have **one** representative at a time per application. If you appoint a new representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your application.

**Note:** You must use this form to appoint a paid or unpaid representative to conduct business with IRCC or the CBSA on your behalf. You must also use this form: 1. to notify IRCC if your representative's contact information changes, 2. if you wish to cancel the appointment of your current representative and represent yourself, 3. if you wish to cancel the appointment of your current representative and appoint a new representative or, 4. to withdraw yourself as the representative on the application

# I am:

$(\bullet$	) appointing a	representative.	Complete	Sections	Α, Β	and E.
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- O updating contact information of an appointed representative. Complete Sections A, B and E.
- C cancelling the appointment of a representative. Complete Section A, C and E.
- C cancelling the appointment of a representative and appointing a new representative. Complete Section A, B, C and E.

() withdrawing role as a representative. Complete Section A, D and E.

## SECTION A: APPLICANT INFORMATION

1. Your full name	
Family name (Surname) (as shown on your passport or travel document)	Given name(s) (as shown on your passport or travel document)
2. Your date of birth (YYYY-MM-DD)	
3. Your email address	
If you do not have an email address, provide either your telephone number	er or your address
4. Application Information	
Type of application (permanent residence, extension of study permit, etc.)	Application number (if known)

# 5. Unique Client Identifier (UCI) number (if known)

#### SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative, as the primary point of contact on my application, and to conduct business on my behalf with Immigration, Refugees and Citizenship Canada and Canada Border Services Agency. Note: Even if a representative is being paid or compensated by someone other than you (the applicant), the representative is still considered to be a paid representative.
- I authorize Immigration, Refugees and Citizenship Canada and Canada Border Services Agency to release information from my application and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

#### 6. Your representative's full name

Family name (Surname)	Given name(s)

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7. Your representative (Select one option):				
(i) is UNPAID and is a				
Friend or family member				
Member in good standing of the College of Immigration and Citizensh	in Consultants (CICC)			
0				
Membership ID number				
	enint, or student at low			
Member in good standing of a Canadian Provincial or Territorial law s	-			
Which Province/Territory?	Membership ID number (if app	licable)		
Member in good standing of the Chambre des notaires du Québec				
Membership ID number				
Other (please specify)				
DR				
(ii) is, or will be, PAID and is a member in good standing of				
The College of Immigration and Citizenship Consultants (CICC)				
Membership ID number				
R511456				
A Canadian Provincial or Territorial law society or student-at-law				
Which Province/Territory?	Membership ID number (if app	licable)		
	]			
The Chambre des notaires du Québec				
Membership ID number				
3. Your representative's contact information				
Name of firm or organization (if applicable)				
Percy Canada Visavisa Consulting Ltd.				
If student-at-law, write the name of the supervising lawyer		Supervising lawyer membership ID		
N/A		N/A		
L Mailing address				
Apt/Unit Street no. Street name				
#460 1140 West Pender Street				
City/Town Province/State/Te	rritory Country or territory	Postal code/ZIP		
Vancouver BC	Canada	V6E 4G1		
Telephone number				
Telephone number Country Code Area Code and Telephone number				
1         604-250-9078				
Fax number (if applicable)				
Country Code Area Code and Telephone number				
E-mail address (if applicable) info@canadavisavisa.com				
By indicating your representative's e-mail address, you are hereby aut information to this specific email address.	horizing Immigration, Refugees a	and Citizenship Canada to send your pers		

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9. Your representative's declaration:				
I declare that the information in Section B is truthful, complete	ete and corre	ct.		
<ul> <li>I understand and accept that I am the person appointed Refugees and Citizenship Canada and Canada Border Se</li> </ul>			onduct busines	s on the applicant or sponsor's behalf with Immigration,
je no				
Signature of representative			Date (YYYY-MM-DD)	
(if applicable) Signature of supervising lawyer			Date (YYYY-MM-DD)	
SECTION C: CANCEL THE APPOINTMENT OF A REPRESEN	TATIVE			
I, the applicant, withdraw my authorization for this person to serv my behalf with Immigration, Refugees and Citizenship Canada a				nformation on my application and to conduct business on
10. Representative's full name				
Family name (Surname)		Given	name(s)	
Name of firm or organization (if applicable)				
The applicant's email provided in section A will be used for furth Services Agency.	ner communio	cation fro	m Immigration	, Refugees and Citizenship Canada and Canada Border
SECTION D: WITHDRAWING ROLE AS A REPRESENTATIVE				
I, the representative, withdraw myself as the applicant's represen	tative.			
11. Representative's full name				
Family name (Surname)		Given	name(s)	
Name of firm or organization (if applicable)		J L		
The applicant's email provided in section A will be used for furth Services Agency.	ner communio	cation fro	m Immigration	, Refugees and Citizenship Canada and Canada Border
(if applicable)I have been unsuccessful in obtaining the applicant steps to do so.	's agreement	and/or si	gnature on this	form (Section E), and attest to having taken reasonable
Signature of representativ	e			Date (YYYY-MM-DD)

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# SECTION E: YOUR DECLARATION

#### 12. Your declaration

- I declare that I have fully and truthfully answered all questions on this form and any attached application (if applicable).
- I also declare that I have read and understood all the statements on this form, having asked and obtained an explanation for every point that was not clear to me.

Signature of applicant or Parent/Legal Guardian for a person under 18 years of age

Date (YYYY-MM-DD)

If a sponsorship application: Signature of spouse or common-law partner

Date (YYYY-MM-DD)

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

Personal information provided on this form is collected by Immigration, Refugees and Citizenship Canada (IRCC) under the authority of the *Immigration and Refugee Protection Act* (IRPA) and of the Citizenship Act. The personal information of the applicant is used for identification and authorization purposes. The personal information of the immigration representative is used to verify that the representative is authorized to offer representation services according to the provisions of IRPA and of the Citizenship Act.

The personal information of both the applicant and the representative may be disclosed to other federal government institutions, non-governmental and intergovernmental organizations, regulatory bodies, investigative bodies, and provincial/territorial governments for the purposes of validating identity, information, and supporting an investigation.

Personal information of both the applicant and the representative may be used for other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Failure to complete the form in full will result in a delay to processing. The *Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the Office of the <u>Privacy Commissioner of Canada</u>. The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 013, 042, 054, 068.