

USE OF A FAMILY MEMBER REPRESENTATIVE FOR ONLINE APPLICATIONS

This form is for family members who wish to apply online together in one MyCIC submission. To do so, all members must complete this form (one per family) to appoint the family member whose MyCIC account will be used to submit the applications.

NOTE: If you appoint a family member as a representative, that person will be authorized to conduct business on your behalf and receive information on your case file.

SECTION A - FAMILY MEMBER REPRESENTATIVE

Write the full name and date of birth of the family member to be appointed as representative

1 Full name	2 Date of birth (YYYY-MM-DD)		
Family name (Surname)	Given name(s)		
3 Information on the family members			
Write name, date of birth and define the relationship (e.g. spouse, son, daughter, etc.) of each family member to the representative.			
Family member	Name	Relationship to family member representative	Date of birth (YYYY-MM-DD)
1			
2			
3			
4			
5			

SECTION B - GRANTING PERMISSION TO THE FAMILY MEMBER REPRESENTATIVE

Each family member 18 years of age and older listed in Section A must sign and date this section to appoint the family member chosen to represent them

By signing Section B, I hereby give permission to the family member representative listed in Section A to submit the application, conduct business and receive information on my behalf. I declare that the information on this form and on the application that I have authorized my family member to submit on my behalf is truthful, complete and correct.

Family member	Signature	Date (YYYY-MM-DD)
1		
2		
3		
4		
5		

IMPORTANT:

Once permission is given to your spouse or common-law partner or parent, the only way to revoke approval is to cancel the application and resubmit. The application fees will **not be refunded** and fees will have to be paid again for another application.

Note: This permission applies to dependent children 18 years of age and older. Those under the age of 18 do not have to provide approval.

SECTION C - DECLARATION OF FAMILY MEMBER REPRESENTATIVE

I declare that the information I have given is truthful, complete and correct.

Signature  _____ Date (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 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*, 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 and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**