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

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	Sections A, B and D.
	cancelling the appointment of a represe	ntative. Complete Section A, C and D.
SEC	CTION A: APPLICANT INFORMATION	
	Your full name	
	Family name (Surname)	
	Given name(s)	MOHAMMAD SAJID
		(YYYY-MM-DD)
2.	Your date of birth	1989-07-25
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.)	
		umbay (if Iraqua)
4.	Your Citizenship and Immigration Canada Identification no	uniter (ii kilowi)
	Client Identification (ID) or Unique Client Identifier (UCI) number	
SEC	CTION B: APPOINTMENT OF REPRESENTATIVE	
	compensated representative. I authorize Citizenship and Immigration Canada and Canada	anada Border Services Agency to release information from my case file and that of my dependent children under n is in accordance with the <i>Privacy Act</i> . et to exemption, if I had the right of access under the <i>Privacy Act</i> or the <i>Access to Information Act</i> , will likely not be
5.	Your representative's full name	
	Family name (Surname)	Black
	Given name(s)	Graeme
c	Your representative: (choose one)	
0.	is UNCOMPENSATED and is a:	
	family member or friend	
	member of a non-governmental or religious org	ganization
	member of the Immigration Consultants of Can	ada Regulatory Council (ICCRC), a Canadian provincial or territorial law society, or the Chambre des notaires
	other	
	is or will be COMPENSATED and is a member in good	
	the Immigration Consultants of Canada Regula	tory Council (ICCRC)
	Membership ID number	
	a Canadian provincial or territorial law society	
	Which province or territory?	ONTARIO
	Membership ID number	639541
	the Chambre des notaires du Québec	
	Membership ID number	

Canadä

If etudent at law write the as	ame of the supervising lawyer		Supervising lawyer membership ID	
ii suudiit-at-law, wiite tile lii	anno or me subcryishing lawyer		Soperior grants and a some some so	
Mailing address				
401 Bay Street, Suite 3000				
Toronto, ON				
Postal code/IP Postal code/IP				
M5H 2Y4				
Telephone number Country code Area code Numbor				
(1) (416) 943-0288				
Fax number Country code Area code Number				
(1) (416) 943-0289				
Email address (if applicable) graemeblack@kpmg				
By indicating your repres	sentative's e-mail address, you	are hereby authorizing Citizenship an	d Immigration Canada to transmit your file and personal information to thi	
specific email address.				
Your representative's d	leclaration:			
 I declare that the info 	ormation in Section B is truthful, o	complete and correct.	a. C. I. Labell at Citizenship and Immigration	
 I understand and acc Canada and Canada 	cept that I am the person appoi Border Services Agency.	inted by the applicant to conduct busi	ness on the applicant or sponsor's behalf with Citizenship and Immigration	
Signature of represer	ntauve			
Date		(YYYY-MM-DD)		
TON C: CANCEL THE	APPOINTMENT OF A REPRES	ENTATIVE		
I withdraw my authorizat	tion for this person to serve as m	ny representative, to receive information	n on my case file and to conduct business on my behalf with Citizenship ar	
I withdraw my authorizat Immigration Canada and	tion for this person to serve as m	ny representative, to receive information	n on my case file and to conduct business on my behalf with Citizenship ar	
I withdraw my authorizat Immigration Canada and Your representative's f	tion for this person to serve as m d Canada Border Services Agent full name	ny representative, to receive information	n on my case file and to conduct business on my behalf with Citizenship ar	
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I withdraw my authorizat Immigration Canada and Your representative's f Family name (Surname)	tion for this person to serve as m d Canada Border Services Agent full name	ny representative, to receive information	n on my case file and to conduct business on my behalf with Citizenship ar	
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I withdraw my authorizat Immigration Canada and Your representative's f Family name (Surname) Given name(s) Name of firm or organization or organization or your DECLAR Your declaration	tion for this person to serve as m d Canada Border Services Agend full name ation	by representative, to receive information by the second se	ad amplication (if applicable).	
I withdraw my authorizat Immigration Canada and Your representative's f Family name (Surname) Given name(s) Name of firm or organization by Your DECLAR Your declaration I declare that I have I also declare that I have	tion for this person to serve as m d Canada Border Services Agent full name ation RATION fully and truthfully answered all have read and understood all the	ry representative, to receive information cy. questions on this form and any attaches a statements on this form, having aske	ed application (if applicable). d and obtained an explanation for every point that was not clear to me.	
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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 subscribe of RQ2 of the Privacy Act. Pursuant to the Immigration and Refugee Protection Regulations and the Clitzenship 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.