



THIS FORM NEEDS TO BE PRINTED, SIGNED AND SCANNED

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 Immigration, Refugees and Citizenship Canada (IRCC) 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 IRCC or the CBSA on your behalf. You must also use this form to: 1. notify IRCC 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

I am:

- ☒ appointing a representative. **Complete Sections A, B and D. DO NOT UNCHECK THIS BOX**
- ☐ cancelling the appointment of a representative. **Complete Section A, C and D.**

SECTION A: APPLICANT INFORMATION

1. Your full name

Family name (Surname)

AS PER PASSPORT

Given name(s)

AS PER PASSPORT

2. Your date of birth (YYYY-MM-DD)

AS PER PASSPORT

3. If you have already submitted your application:

Name of office where the application was submitted

LEAVE IT BLANK

Type of application (permanent residence, extension of study permit, etc.)

LEAVE IT BLANK

4. Unique Client Identifier (UCI) number (if known)

LEAVE IT BLANK

SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative 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 compensated representative.
- I authorize Immigration, Refugees and Citizenship Canada and Canada Border Services Agency to release information from my case file 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.

5. Your representative's full name **DO NOT EDIT/ ADD/ REMOVE THE DETAILS ON THE SECTION 5, 6 & 7**

Family name (Surname)

Green

Given name(s)

Evan J.

6. Your representative (tick one box):

(i) is UNCOMPENSATED and is a

- ☐ friend or family member
- ☐ member of the College of Immigration and Citizenship Consultants (CICC), a Canadian provincial or territorial law society, or the Chambre des notaires du Québec
- Which province or territory?
- Membership ID number
- ☐ other (please specify)
-

OR

(ii) is, or will be, COMPENSATED and is a member in good standing of

☐ the College of Immigration and Citizenship Consultants (CICC)

Membership ID number

☒ a Canadian provincial or territorial law society

Which province or territory?

ONTARIO

Membership ID number

031082W

☐ the Chambre des notaires du Québec

Membership ID number

7. Your representative's contact information

Name of firm or organization (if applicable)

Green and Spiegel, LLP-Evan J. Green

If student-at-law, write the name of the supervising lawyer

Supervising lawyer membership ID

Mailing address

Apt/Unit

5TH FLOOR

Street no.

150

Street name

YORK ST.

City/Town

TORONTO

Province/State/Territory

ONTARIO

Country or territory

CANADA

Postal code/ZIP

M5H 3S5

Telephone number

Country Code

1

Area Code and Telephone number

416-862-7880

Fax number

Country Code

1

Area Code and Telephone number

416-862-1698

E-mail address (if applicable)

EVANG@GANDS.COM

By indicating your representative's e-mail address, you are hereby authorizing Immigration, Refugees and Citizenship Canada to transmit your file and personal information to this specific email address.

8. Your representative's declaration:

- 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 Immigration, Refugees and Citizenship Canada and Canada Border Services Agency.

LEAVE IT BLANK

LEAVE IT BLANK

Signature of representative

Date (YYYY-MM-DD)

SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Immigration, Refugees and Citizenship Canada and Canada Border Services Agency.

9. Your representative's full name

Family name (Surname)

Given name(s)

LEAVE IT BLANK

LEAVE IT BLANK

Name of firm or organization (if applicable)

SECTION D: YOUR DECLARATION**10. 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

IN PRIMARY APPLICANT FORM - PRIMARY APPLICANT ALONE HAS TO SIGN
(DIGITAL SIGNATURES ARE NOT ACCEPTED)

UPDATE THE DATE IN THE
MENTIONED FORMAT

 Signature of applicant

 Date (YYYY-MM-DD)

SPOUSE SIGNATURE IS NOT REQUIRED

NOT REQUIRED

 Signature of spouse or common-law partner for sponsorship application

 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 inter-governmental 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 [Privacy Commissioner of Canada](#). 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.