AUTHORITY TO RELEASE PERSONAL INFORMATION TO A DESIGNATED INDIVIDUAL

Complete this form if you authorize Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) to release information from your case file to someone other than yourself.

If your spouse or common-law partner wishes to release personal information to the same designated individual, they should sign in the space provided. Your dependent children who are 18 years of age or older must complete their own copy of this form if they wish to authorize CIC and CBSA to release their information to a designated individual.

The individual you designate will be able to obtain information such as the status of your application and will be able to change your address if you move. However, they will **not** be a representative who can conduct business with CIC and CBSA on your behalf. If you wish to be represented, you must complete and submit form *Use of a Representative* (IMM 5476).

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✓ I authorize Citizenship and Immigration Can	ada and Canada Border Ser	vices Agency to rele	ase information from my case file to	the following individual.
I withdraw my authorization to release infor	mation from my case file to t	the following individu	ial.	
1. Your full name		6: (1)		
Family name (Surname)	· · · · · · · · · · · · · · · · · · ·	Given name(s)		· · · · · · · · · · · · · · · · · · ·
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. Your date of birth (YYYY-MM-DD)				
1991-06-27				
3. If you have already submitted your applicat	tion:			
Name of office where the application was submitted		Location of office		
Type of application (permanent residence, extended to the control of the control	ension of study permit, etc.)	J L		
. Your Client Identification (ID) or Unique Clie	ent Identifier (UCI) number	identification numb	per (if known)	
. Tour onent recitance and (15) or oringer one	in identifier (OOI) framber	Tuentinoation number	or (it known)	· · · · · · · · · · · · · · · · · · ·
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5. Your designated individual's full name Family name (Surname)		Given name(s)		
Green		Evan J.		
S. Your designated individual's contact inform	ation			
Name of firm or organization (if applicable)		dan market year of the second	- Parket and the same of the s	
GREEN AND SPIEGEL, LLP- Evan J	. Green	· · · · · · · · · · · · · · · · · · ·		
Mailing address				
Apt/Unit Street no.	Street name	management of the section of the sec	and the second color particles are a second color process of the second color second	
5th Floor 150	York Street			
City/Town	Province/State/Territory	Country or territory		Postal code/Zip
TORONTO	ONTARIO	CANADA		м5н 3s5
Country Code Area Code and Telephone number		L	Area Code and Telephone number	
	e number	Country Code	Area Code and Telephone number	er
1 416-862-7880	e number	Country Code	Area Code and Telephone number	er

This form is made available by Citizenship and Immigration Canada and is not to be sold to applicants



E-mail address (if applicable)

EVANG@GANDS.COM

7. Your declaration

· I understand the following statements, having asked for and obtained an explanation for every point that was not clear to me.

If you are giving your authorization

- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file to the individual named above.
- · I understand that this consent only allows the disclosure of my personal information and that of my dependent children under 18 years of age.
- I am aware that some information may not be released if it is subject to exemption under the Privacy Act or the Access to Information Act.
- · I further authorize the designated individual to update the address listed in my file, as required.

If you are withdrawing your authorization

· I withdraw my authorization to release information from my case file to the individual named above.

K. Bremavally

2024-10-11

Signature of applicant

Date (YYYY-MM-DD)

Signature of spouse common-law partner (if applicable)

Date (YYYY-MM-DD)

If you have not yet submitted your application: If you have already submitted your application:

Send this form along with your application to the office listed in your respective application kit. Send this form to the office where you submitted your original application.

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 designated individual is used for identification purposes.

The personal information of both the applicant and the designated individual 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 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.