

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. | | | | | | | | | |
| cancelling the appointment of a representative. Complete Section A, C and D. | | | | | | | | | |
| | | | | | | | | | |
| SECTION A: APPLICANT INFORMATION | | | | | | | | | |
| 1. Your full name | | | | | | | | | |
| Family name (Surname) | Given name(s) | | | | | | | | |
| RASTOGI | ANUPRIYA | | | | | | | | |
| 2. Your date of birth (YYYY-MM-DD) | our date of birth (YYYY-MM-DD) | | | | | | | | |
| 1991-02-10 | | | | | | | | | |
| 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, etc.) | | | | | | | | |
| | | | | | | | | | |
| 4. Your Client Identification (ID) or Unique Client Identifier (UCI) number i | dentification number (if known) | | | | | | | | |
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| SECTION B: APPOINTMENT OF REPRESENTATIVE | | | | | | | | | |
| I authorize the following individual to serve as my representative and to conduct business on my behalf with Citizenship and Immigration 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 Citizenship and Immigration 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 <i>Privacy Act</i> . | | | | | | | | | |
| • I am aware that any information which would be subject 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 released. | | | | | | | | | |
| 5. Your representative's full name | | | | | | | | | |
| Family name (Surname) | Given name(s) | | | | | | | | |
| GREEN | EVAN J. | | | | | | | | |
| 6. Your representative (tick one box): | | | | | | | | | |
| (i) is UNCOMPENSATED and is a | | | | | | | | | |
| friend or family member member of the Immigration Consultants of Canada Regulatory Council (ICCRC), a Canadian provincial or territorial law society, or the Chambre des notaires du Québec other (please specify) | | | | | | | | | |
| OR | | | | | | | | | |



| (ii) i | (ii) is, or will be, COMPENSATED and is a member in good standing of | | | | | | | | | | |
|------------------------------------|---|--|--|-----------------------------|----------|------------------------------------|------------------------------------|-----------------------------------|--|--|--|
| | | the Immigration Consultants of Canada — | | | /inci | rincial or territorial law society | | | | | |
| | | Which provin | nce or territory? | | | Membership ID number | | | | | |
| | | ONTARIO | | | | 031082W | | | | | |
| 7. Y | our r | epresentativ | e's contact information | | | | | | | | |
| | Name | e of firm or org | ganization (if applicable) | | | | | | | | |
| | GRE | EN AND SPI | IEGEL,LLP-EVAN J. G | REEN | | | | | | | |
| | If stu | dent-at-law, w | rite the name of the supervis | ing lawyer | | | Supervising lawyer membership ID | | | | |
| | | | | | | | | | | | |
| | Mailir | ng address | | | | | J L | | | | |
| | Apt/L | Jnit | Street no. | Street name | | | | | | | |
| | 5TH | FLOOR | 150 | York Street | | | | | | | |
| | City/ | Гown | | Province/State/Territory | Cc | ountry or territory | | Postal code/ZIP | | | |
| | Tord | onto | | Ontario | Cε | anada | | м5н3s5 | | | |
| | Telephone number | | | | | | | | | | |
| | Coun | ntry Code | Area Code and Telephone | number | l | | | | | | |
| | 1 | 416-862-7880 | | | | | | | | | |
| | | number untry Code Area Code and Telephone number | | | | | | | | | |
| | 1 | 416-862-1698 | | | | | | | | | |
| | E-ma | E-mail address (if applicable) | | | | | | | | | |
| | evar | ng@gands.d | com | | | | | | | | |
| | | | representative's e-mail addr specific email address. | ess, you are hereby author | oriz | ing Citizenship and Immigr | ation Canada to transm | it your file and personal | | | |
| | | | re's declaration: | | | | | | | | |
| | • I de | clare that the | information in Section B is tru | uthful, complete and correc | ct. | | | | | | |
| | • I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency. | | | | | | | | | | |
| | Signature of representative | | | | | | Date | e (YYYY-MM-DD) | | | |
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| | | | L THE APPOINTMENT OF A | | | | | | | | |
| | | | ation for this person to serve ation Canada and Canada Bo | | rece | eive information on my cas | e fi l e and to conduct bus | siness on my beha l f with | | | |
| 9. Your representative's full name | | | | | | | | | | | |
| | Fam | ily name (Surr | name) | | G [| Given name(s) | | | | | |
| | | | | | | | | | | | |
| | Name of firm or organization (if applicable) | | | | | | | | | | |
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