

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

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1	✓ appointing a representative. Complete Sections A, B and D.									
	cancelling the appointment of a representative. Complete Section A, C and D.									
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SE	CTION A: APPLICANT INFORMATION	100								
1.	Your full name			1						
	Family name (Surname)	C	Given name(s)							
	SRIVASTAVA	C	JRJIT GESHUA							
2.	Your date of birth (YYYY-MM-DD)	-	3							
	2020-08-04		A							
3.	If you have already submitted your application:	nave already submitted your application:								
	Name of office where the application was submitted	1	Type of application (permanent residence, extension of study permit, etc.)							
4.	our Client Identification (ID) or Unique Client Identifier (UCI) number identification number (if known)									
	Total Charles action (15) of chique charles action (50) harmon facilities to the first of the fi									
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 Privacy Act or the Access to Information Act, will likely not be released. 									
5.	Your representative's full name									
	Family name (Surname)	-	Given name(s)							
	GREEN	F	EVAN J.							
6.	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) is	, or will be, COM	PENSATED and is a memb	er in good standing of							
	Regulatory C	ion Consultants of Canada Council (ICCRC)	✓ a Canadian prov	rincial or territorial law society	the Chambre des r	notaires du Qué	bec			
	Which provi	nce or territory?		Membership ID number						
	ONTARIO			031082W			0			
7. Your representative's contact information										
1	Name of firm or organization (if applicable)									
	REEN AND SPIEGEL, LLP-EVAN J. GREEN									
ٳٙ	f student-at-law, v	write the name of the supervi	sing lawyer		Supervising lawyer me	mbership ID				
1	Mailing address				-					
ŕ	Apt/Unit	Street no.	Street name							
1	TH FLOOR 150 York Street									
	City/Town		Province/State/Territory	Country or territory	Postal code/ZIP					
ŀ	Toronto		Ontario	Canada		M5H3S5				
	Telephone numbe		. =							
Ĺ	Country Code	Area Code and Telephone	number				1			
	1	416-862-7880								
	Fax number Country Code	Area Code and Telephone	number				111			
	1	416-862-1698								
	E-mail address (if	applicable)								
ŀ	evang@gands.	com				ž				
		r representative's e-mail add specific email address.	orizing Citizenship and Immigr	ation Canada to transmi	t your file and	personal				
8. Y	our representati	ve's declaration:				in.				
•	I declare that the	e information in Section B is t	ruthful, complete and corre	ct.						
٠		d accept that I am the perso nadá and Canada Border Se		nt to conduct business on the a	oplicant or sponsor's beh	alf with Citizens	ship and			
	Signature of representative Date (YYY)						D)			
							11			
1100		L THE APPOINTMENT OF								
l with	hdraw my authori: enship and Immig	zation for this person to serv pration Canada and Canada E	re as my representative, to Border Services Agency.	receive information on my cas	e file and to conduct bus	siness on my be	ehalf with			
9. Y	our representati						1			
[Family name (Su	rname)		Given name(s)						
		Art State Company					- E			
Γ	Name of firm or organization (if applicable)									
		2					Y			

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.

- troitar

2021-07-30

Signature of applicant

Date (YYYY-MM-DD)

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 intergovernmental 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 <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.