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:						
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)					
SRIVASTAVA	HIMANSHU SUSHIL					
2. Your date of birth (YYYY-MM-DD)						
1991-05-07						
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	identification number (if known)					
SECTION B: APPOINTMENT OF REPRESENTATIVE	and the coincide and the ball with Oilineach in and beautiful to one do and					
• 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	5. Your representative's full name					
Family name (Surname)	Given name(s)					
GREEN	EVAN J.					
6. Your representative (tick one box):	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	s, or	will be, COM	PENSATED and is a member	er in good standing of					
			on Consultants of Canada ouncil (ICCRC)	✓ a Canadian prov	/inci	ial or territorial law society	the Chambre des	notaires du Québec	
		Which provin	nce or territory?		\neg	Membership ID number			
		ONTARIO				031082W			
7. \	our r	epresentativ	e's contact information						
	Name	e of firm or org	ganization (if applicable)						
	GRE	REEN AND SPIEGEL, LLP-EVAN J. GREEN							
	If stu	dent-at-law, w	rite the name of the supervis	ing lawyer			Supervising lawyer membership ID		
	Mailir	ng address					J .	J	
	Apt/L	Jnit	Street no.	Street name					
	5TH	FLOOR	150	York Street					
	City/	Fown .		Province/State/Territory	Cc	ountry or territory		Postal code/ZIP	
	Tord	onto		Ontario	Ca	anada		M5H3S5	
	•	hone number							
	Coun	ntry Code	Area Code and Telephone	number					
	1		416-862-7880						
		number ntry Code	Area Code and Telephone	number	1				
	1	416-862-1698							
	E-mail address (if applicable)								
	evar	evang@gands.com							
			representative's e-mail addr	ess, you are hereby author	orizi	ing Citizenship and Immigi	ration 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.								
			Signa	ature of representative			Date	e (YYYY-MM-DD)	
			L THE APPOINTMENT OF A						
			ation for this person to serve ation Canada and Canada Bo		rece	eive information on my cas	e file and to conduct bus	siness on my behalf with	
9. \	Your representative's full name								
	Fam	ily name (Surr	name)		G 	Given name(s)			
	Name	ne 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

	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.