

**Designation Form**

According to Section 3.2.b of the *Planned or Unplanned Absence Regulation* (the “PUA Regulation”) of Immigration Consultants of Canada Regulatory Council (the “Council”), an Authorized Representative “means an individual who can offer immigration/citizenship advice and/or service for a fee or other consideration, including a Member in good standing with a Canadian provincial or territorial law society (including paralegals within their authorized scope of practice), the Chambres des notaires du Québec or ICCRC.”

And according to Section 3.2.s of the PUA Regulation, a Responsible Person “means an individual over the age of majority who has immediate access to the jurisdiction where the Member’s office is located.” Furthermore, the “Responsible Person is not an Authorized Representative and as such, must not perform tasks which may only be performed by an Authorized Representative.”

In this Designation Form, capitalized terms, unless otherwise defined in this Designation Form, have the same meaning as they do in the PUA Regulation.

I, _____ declare that I am an/a:
[insert first and last name of Designated Authorized Representative or Responsible Person]

☐ Authorized Representative (as defined above)

☐ Responsible Person (as defined above)

I verify that _____ has shared his/her Contingency Plan
[insert first and last name of primary RCIC]

with me prior to the signing of this Designation Form.

And I agree to serve as the primary contact for the Client and the Council in the event _____

_____ is unable to do so himself/herself.
[insert first and last name of primary RCIC]

Contact Information

Primary RCIC

Given Name _____ Family Name _____

Primary Address _____

Secondary Address _____

Telephone Number _____

E-mail Address _____

Designated Authorized Representative or Responsible Person

Given Name _____ Family Name _____

Primary Address _____

Secondary Address _____

Telephone Number _____

E-mail Address _____

Signature of primary RCIC_____
Signature of Designated Authorized
Representative or Responsible Person_____
Date (mm/dd/yyyy)_____
Date (mm/dd/yyyy)

NOTES: The primary RCIC must: 1) provide the Registrar with a completed and signed Designation Form as per the *Planned or Unplanned Absence Regulation*, 2) confirm the information provided in the Designation Form annually thereafter when submitting his/her compliance audit on July 1, and 3) update the Registrar within fifteen (15) calendar days if there are any changes to the contact information of the aforementioned Authorized Representative/Responsible Person.