



Completed Canada Visa Application Pick-Up Authorization

I, _____
(first name) (middle name) (last name)

authorize ItsEasy to pick up my passport and completed Canada visa application.

Signature

_____/_____/_____
Date of Birth



USE OF A REPRESENTATIVE

You do not need to hire an immigration 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 free at www.cic.gc.ca.

A representative is someone who has provided advice or guidance to you prior to submitting your application, following the submission of your application, and/or someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and the Canada Border Services Agency (CBSA). You may have one representative only. 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.

- 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)

2. Your date of birth

3. If you have already submitted your application:

Name of office where the application was submitted

Location of office

Type of application (permanent residence, extension of study permit, etc.)

4. Your Citizenship and Immigration Canada Identification number (if known)

Client Identification (ID) or Unique Client Identifier (UCI) number

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: If an immigration representative is being paid or compensated by someone other than the applicant, then 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 *Privacy Act*.
- 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)

6. Your representative: (choose one)

is UNCOMPENSATED and is a:

- family member or friend
- member of a non-governmental or religious organization
- 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

is or will be COMPENSATED and is a member in good standing of:

- the Immigration Consultants of Canada Regulatory Council (ICCRC)
 - ▶ Membership ID number
- a Canadian provincial or territorial law society
 - ▶ Which province or territory?
 - ▶ Membership ID number
- the *Chambre des notaires du Québec*
 - ▶ Membership ID number

7. Your representative's contact information

Name of firm or organization (if applicable)			
ItsEasy Passport & Visa			
Mailing address			
360 Lexington Ave			
New York, NY			
Postal code/ZIP			
10017			
Telephone number	Country code	Area code	Number
	(212)	286-8500	
Fax number	Country code	Area code	Number
	()		
E-mail address (if applicable)			
canadavisas@itseasy.com			

By indicating your representative's e-mail address, you are hereby authorizing Citizenship and Immigration Canada to transmit your file and personal information to this specific e-mail address.

8. Your representative's declaration:

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

Signature of representative

Party ID (if known)

Date

 (YYYY-MM-DD)

SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

9. Your representative's full name

Family name (Surname)

Given name(s)

Name of firm or organization
(if applicable)

SECTION D: YOUR DECLARATION

10.

- 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.

Signature of applicant

Date

 (YYYY-MM-DD)
Signature of spouse or common-law partner
(if applicable)

Date

 (YYYY-MM-DD)

Warning! It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in Infosource. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security and Intelligence Service (CSIS), where there is an agreement or arrangement with a foreign government, in accordance with subsection 8(2) of the *Privacy Act*. Pursuant to the *Immigration and Refugee Protection Regulations*, the information may also be shared with a regulatory body that is responsible for governing or investigating the conduct of representatives, such as a provincial and territorial law society, the *Chambre des Notaires du Québec* and the Immigration Consultants of Canada Regulatory Council (ICCRC). Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. Infosource is also available in Canadian public libraries.

I give my consent to CSC to receive documents from me and collect personal information from me for use in applying for a Canadian visa, permit or travel document. The documents are my application form, supporting or other documents as required by the Consulate General of Canada in New York and my personal information required by CSC for its records that includes my name, contact information, nature of application/service sought, and other elements, as necessary.

These documents and information may be transmitted between the CSC VAC office in the United States of America and also to the Consulate General of Canada in New York or the Government of Canada, if required to provide the service.

I understand that CSC will only use my personal information for the purposes of rendering my visa, permit or travel document application services, unless I provide a further consent. I give my consent to CSC to disclose my personal information to the Consulate General of Canada in New York and generally to the Government of Canada for the purpose of obtaining a visa, permit or travel document and related services.

NAME (printed): _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

Signed at: _____ (city, country)

Declaration to be signed ONLY by clients assisted by CSC staff with electronic application form.

I received the assistance of CSC staff for data entry of my application information. I provided all information and responses required for the application. I have read the completed and printed application form and declare that the information provided is true and that the documents I am submitting in support of my application are genuine and have not been altered in any way.

Name: _____

Signature: _____ Date: _____