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 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.

1.	am: X appointing a representative. Complete	Sections A, B and D.	
		entative. Complete Section A, C and D.	
SECTION A: APPLICANT INFORMATION			
1.			
	Family name (Surname)		
	Given name(s)		
2.	Your date of birth	Day Morth Year	
3.	If you have already submitted your application:		
	Name of office where the application was submitted	Canadian Consulate General	
	Location of office	New York	
	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			
	 Canada Border Services Agency. I authorize Citizenship and Immigration Canada and children under 18 years of age to my representative. 	epresentative and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file and that of my dependent This authorization is in accordance with the Privacy Act. ject to exemption, if I had the right of access under the Privacy Act or the Access to Information Act,	
5.	Your representative's full name		
٠.	Family name (Surname)		
	, and the contract of		
	Given name(s)		
6.	Your representative: (choose one)		
	is UNPAID and is a:		
	family member or friend		
	member of a non-governmental or religious organization		
	member of the Immigration Consultants of notaires du Québec.	Canada Regulatory Council (ICCRC), a Canadian provincial or territorial law society, or the Chambre des	
	X other		
	is or will be PAID 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 soc	iety	
	Which province or territory?		
	Membership ID number		
	the Chambre des notaires du Québec		
	Membership ID number		

7.	7. Your representative's contact information			
	Name of firm or organization (if applicable) ItsEasy Passport & Visa			
	Malling address	SSPOTE W VISA		
	360 Lexington Ave			
	New York,	NY		
Postal code/ZIP 10017				
	Telephone number Country code Area () (21			
	Fax number Country code Area o	,		
	E-mail address (if applicable))		
	By indicating your representative's a mail address y	ou are hereby outhorizing Citizenship and Immigration Conada to transmit your file and parsonal		
	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 to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency. 			
	Signature of representative			
	Date	Day Month Year		
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 the information I have given is truthful, complete and correct. I understand all the foregoing statements, having asked for and obtained an explanation for every point that was not clear to me. 			
	Signature of applicant			
	Date	Day Month Year		
	Signature of spouse or common-law partner (if applicable)			
	Date	Day Month Year		

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. It may be shared with other organizations in accordance with the consistent use of information under the Privacy Act. 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.