PROTECTED WHEN COMPLETED - B

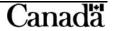
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USE OF A REPRESENTATIVE

A representative is someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and 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.

Your dependent children aged 18 years or older must complete their own copy of this form if they have a representative.						
L	am: appointing a representative. Complete cancelling the appointment of a representative.	Sections A, B and D. entative. Complete Section A, C and D.				
SEC	SECTION A: APPLICANT INFORMATION					
	1. Your full name					
•	Family name (Surname)					
	Given name(s)					
2.	Your date of birth	Day Month Year				
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	n 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. 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					
	Family name (Surname)					
	Given name(s)					
_	V					
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 Canadian Society of Immigration Consultants, a Canadian provincial or territorial law society, or the Chambre des notaires du Québec.					
	other other					
	is or will be PAID and is a member in good standing of:					
	the Canadian Society of Immigration Consultants (CSIC)					
	Membership ID number					
	a Canadian provincial or territorial law soci	ety				
	Which province or territory?					
	Membership ID number					
	the Chambre des notaires du Québec					
	Membership ID number					



7. Your representative's contact information					
۲.	Name of firm or organization (if ap				
Mailing address					
Postal code/ZIP					
	Telephone number	Country code Area	code Number		
	Fax number	Country code Area	code Number		
	E-mail address (if applicable)	, , ,			
8.	Your representative's declara	ation:			
 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		
SEC	TION C: CANCEL THE APPOI	NTMENT OF A REPRI	SENTATIVE		
	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 nar	ne			
	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 com (if applicable)	nmon-law partner			
	Date		Day Month Year		

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**.

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