



Authorization to Disclose

For the purposes of representing me before the Pension Appeals Board, I, \_\_\_\_\_ (Name)

give the Pension Appeals Board permission to communicate and give information in relation to my appeal before the Pension Appeals Board to the following representative:

Representative's Name: \_\_\_\_\_

Address: Apt., Street No, Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number (if applicable): \_\_\_\_\_

E-mail (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

Mailing Address: P.O. Box 8567, Station "T", Ottawa, Ontario, K1G 3H9  
Adresse postale : C.P. 8567, Succursale «T», Ottawa (Ontario) K1G 3H9