PROTECTED WHEN COMPLETED - B

PAGE 1 OF 2

5476 (11-2010)

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 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.

You	r dependent children aged 18 years or older mu	st complete their own copy of this form if they have a representative.						
l a	am: appointing a representative. Complete							
	cancelling the appointment of a represe	ntative. 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							
SEC	TION 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)							
6.	Your representative: (choose one)							
	is UNPAID and is a:							
	family member or friend							
	member of a non-governmental or religious	gorganization						
	member of the Canadian Society of Immigr	ation Consultants, a Canadian provincial or territorial law society, or the Chambre des notaires du Québec.						
	other							
	is or will be PAID and is a member in good standing	g of:						
	the Canadian Society of Immigration Const	ultants (CSIC)						
	Membership ID number							
	a Canadian provincial or territorial law socio	ety						
	Which province or territory?							
	Membership ID number							
	the Chambre des notaires du Québec							
	Membership ID number							



7.	Your representative's contact info			
	Name of firm or organization (if applicab	le)		
	Mailing address			
	Postal code/ZIP			
	Telephone number C	ountry code	Area code	Number
	Fax number C	ountry code	Area code	Number
	E-mail address (if applicable))	()	
	By indicating your representative's information to this specific e-mail ad	ereby authorizing Citizenship and Immigration Canada to transmit your file and personal		
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 Citizens Immigration Canada and Canada Border Services Agency. 				
	Signature of representative			
	Date		Day M	Month Year
EC	TION C: CANCEL THE APPOINTM	ENT OF A R	EPRESENTATIVE	/E
	I withdraw my authorization for this Citizenship and Immigration Canada			sentative, to receive information on my case file and to conduct business on my behalf with s Agency.
9.	Your representative's full name			
	Family name (Surname)			
	Given name(s)			
	Name of firm or organization (if applicable)			
EC.	TION D: YOUR DECLARATION			
10.	I declare that the information I ha I understand all the foregoing sta			and correct. d obtained an explanation for every point that was not clear to me.
	Signature of applicant			
	Date		Day M	Month Year
	Signature of spouse or common (if applicable)	-law partner		
	Date		Day M	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**.