



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**

Year	Month	Day

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.
- 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) CELESTINO G. SILVA ASSESSORIA			
Mailing address Av. São Luís, 50 - 24° Andar - Conjunto 242- abc - Centro - São Paulo - SP			
Postal code/ZIP 01046-000			
Telephone number	Country code (55)	Area code (11)	Number 3217 9555
Fax number	Country code (55)	Area code (11)	Number 3258 1935
E-mail address (if applicable) julio@celestinodesp.com.br			

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

Year	Month	Day

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

Year	Month	Day

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

Date

Year	Month	Day

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 (ICRC). 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.**