

British Columbia Provincial Nominee Program – Authorized Representative Form

I, (Name)

Address

Phone number

authorize the release of information from my BC Provincial Nominee Program (BC PNP) file for the purposes of assisting me with my BC PNP and immigration application to my authorized representative:

Name

Company name

Company address

Phone number

Email address

Note: The BC PNP follows federal regulations requiring that paid immigration representatives meet the definition of “authorized representative”.

My authorized representative is a member of

The Canadian Society of Immigration Consultants

Membership ID number

A Canadian provincial or territorial law society

Province/Territory

Membership ID Number

Applicant's signature _____

Date signed

DD MM YYYY

The information you provide in this form is collected under the provisions of the Freedom of Information and Protection of Privacy Act, s. 26 c. Contact the BC PNP if you have any questions about the use and disclosure of this information:

Phone: 604.775.2227

Fax: 604.660.4092

E-mail: PNPInfo@gov.bc.ca