



INFORMATION RELEASE FORM Provincial Nominee Program (PNP)

PNP File No (for office use only):

The information on this form is collected for the purpose of administering the Provincial Nominee Program as authorized by the Agreement for Canada/BC Cooperation on Immigration and will be used to collect data for assessment of individual applications under the Provincial Nominee Program. The information will be used for purposes of evaluating the Provincial Nominee Program. Personal information will be used and disclosed in accordance with the privacy protection provisions of the Freedom of Information and Protection of Privacy Act (RSBC 1996, c. 165). If you have any questions about the collection, use and disclosure of this information, contact the British Columbia Provincial Nominee Program, by telephone: (604) 775-2227, Fax: (604) 660-4092 or by e-mail: PNPInfo@gov.bc.ca.

Please print clearly or type. Do not fill in shaded fields.

I \_\_\_\_\_ Prospective Employee Family Name: \_\_\_\_\_ Prospective Employee Given Name: \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_

of \_\_\_\_\_ Prospective Employee Residential Address: (e.g. unit, street) \_\_\_\_\_ Postal Code: \_\_\_\_\_

in the city/town of: \_\_\_\_\_ country of \_\_\_\_\_ Name of City or Town: \_\_\_\_\_ Name of Country: \_\_\_\_\_

do hereby authorize the designate representatives of the:

Immigration Policy, Planning and Research Branch Ministry of Community, Aboriginal and Women's Services Province of British Columbia

and/or

Immigration Section Immigration Processing Centre Citizenship and Immigration Canada

To exchange all personal information contained in my application for the BC Provincial Nominee Program and/or my Immigrant Application Form (IMM 0008) regarding myself or any dependent member of my family for the purpose of assessing my application for the BC Provincial Nominee Program, verifying information provided by me in this application, and evaluating the BC Provincial Nominee Program.

I authorize the Ministry of Economic Development to share this information with the Ministry of Employment and Income Assistance and the Ministry of Employment and Income Assistance to provide information to the Ministry of Economic Development concerning my social assistance status. This information will be used for the purposes of evaluating the BC Provincial Nominee Program.

I authorize this information to be shared with other parties in British Columbia (such as, but not limited to, industry associations, educational institutions, and labour market representatives) for the purpose of assessing my application or the BC Provincial Nominee Program and understand that the Province of British Columbia may contact such parties to verify information provided by me in this application.

I authorize the provincial health ministry to provide my personal contact information to the BC Provincial Nominee Program for evaluation purposes over the next three years.

I understand that I have the right to examine and request corrections or amendments to my personal records, whether held by a provincial or federal government office.

Any information provided to the province of British Columbia will only be disclosed in accordance with the Freedom of Information and Protection of Privacy Act.

Table with 2 columns: Signature of Prospective Employee/Spouse/Signed at and Signature of Witness/Date Document Signed.