

Release of Information for Evaluation of Provincial Nominee Program (MEVA)

I _____ Date of Birth _____
Principal Applicant (Full Name – Family Name, Given Name(s)) Day/Month/Year

I _____ Date of Birth _____
Spouse (Full Name – Family Name, Given Name(s)) Day/Month/Year

of

Address

in the city/town of _____ country of _____

I consent to the Manitoba Department of Labour and Immigration (“the Department”) collecting any personal and other information, including information pertaining to our address, telephone number, Social Insurance Numbers, marital status, employment, income, assets, liabilities, benefits received under other government programs or any other relevant personal information, required to verify any information provided with respect to my involvement in the Manitoba Provincial Nominee Program (“the Program”) and for the purpose of locating and contacting me regarding evaluating the Program and my participation in it.

I consent to the Department collecting this information from any federal, provincial, municipal or other local authority (such as Canada Customs & Revenue Agency, Citizenship and Immigration Canada, Manitoba Family Services and Housing, Human Resources Development Canada, and Manitoba Health), or any other person, department, agency or organization holding such information.

I consent to the disclosure of this information by these persons, departments, agencies and organizations to the Department and the Department disclosing to these persons, departments, agencies or organizations such personal information as may be necessary to obtain the information required by the Department for the Program.

Signature of Principal Applicant

Witness

Signature of Spouse

Witness

Signed at: _____ Date: _____
City/Town and Country