

NEW BRUNSWICK PROVINCIAL NOMINEE PROGRAM

INFORMATION RELEASE FORM

(PLEASE PRINT CLEARLY OR TYPE)

Complete and submit one form per application.

Principal Applicant	Family Name:	Given Name(s):	Date of Birth: dd/mm/yyyy
Residence	City/Town:	Country:	

- I do hereby authorize the designated representatives of the:

**Population Growth Secretariat
New Brunswick Provincial Nominee Program
New Brunswick, Canada**

and/or

**Immigration Section
Immigration Processing Centre
Citizenship and Immigration Canada**

to exchange all personal information contained in my application for the New Brunswick Provincial Nominee Program **OR** my Immigrant Application Form (IMM 0008) and Additional Family Information Form (IMM 5406) regarding myself or any dependant member of my family.

- I also authorize this information to be shared with other parties in New Brunswick for the purpose of assessing my application for the New Brunswick Provincial Nominee Program.
- I understand that New Brunswick may contact such parties to verify information provided by me in this application.
- 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 New Brunswick will only be disclosed as required or authorized by law.

Principal Applicant (PRINT): Signature:	Witness Name (PRINT): Signature:
Name of Spouse (PRINT): Signature:	Witness Name (PRINT): Signature:
Signed at: City/Town and Country	Date:

The information you provide on this form is collected for the purpose of assessing your application under the New Brunswick Provincial Nominee Program. It will not be disclosed except as authorized in this form or as required or authorized by law.