



British Columbia Provincial Nominee Program

Mailing Address:
800-360 W Georgia Street
Vancouver BC V6B 6B2
CANADA

AUTHORIZED REPRESENTATIVE FORM

Business Skills and Regional Business Categories

PNP File No (for office use only):

This form is used to give BC Provincial Nominee Program (BC PNP) staff authorization to release information on an applicant's file to an authorized representative where applicable (ie. Lawyer, Consultant, etc). 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: Bus.Imm@gov.bc.ca

I, _____ of _____ authorize the
(Name) (Address)
release of any information from my British Columbia Provincial Nominee Program (BC PNP) file, including any Citizenship & Immigration Canada documentation, for the purpose of assisting me with the BC PNP and immigration process, to:

My authorized representative, _____ of _____
(Name of Representative) (Name of Company)

located at _____
(Company Address)

My authorized representative can be reached by email at _____
(Email of Representative)

or by phone at _____
(Phone Number of Representative)

British Columbia supports new federal regulations requiring all paid immigration representatives to meet the definition of "authorized representative". As such, please indicate the following:

My authorized representative is a member of:

☐ The Immigration Consultants of Canada Regulatory Council. _____
(Membership ID Number)

☐ A Canadian provincial or territorial law society.

(Province) (Membership ID Number)

Applicant's Declaration

- 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 Signed (dd/mm/yyyy)
Signature of Spouse:	Date Signed (dd/mm/yyyy)

Authorized Representative's Declaration

- I understand and accept that I am the person appointed by the Applicant to act as a representative in all dealings related to the BC PNP immigration application process.

Signature of Authorized Representative:	Date Signed (dd/mm/yyyy)
---	--------------------------

IMPORTANT: Please ensure that you are using the most current version of this form. To verify this please visit our website at www.WelcomeBC.ca/PNP