



British Columbia Provincial Nominee Program

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

INFORMATION RELEASE FORM

Business Skills and Regional Business Categories

PNP File No (for office use only):

This form is used to collect data for assessment of individual Business Skills, Projects and Regional Business applications under the Provincial Nominee Program. The information will also be used for evaluating the Provincial Nominee Program. The information is collected under the Freedom of Information & protection of Privacy Act, s. 26c. For questions regarding this form or the use of the information collected, please contact the Provincial Nominee Program at 604-775-2227.

(PLEASE PRINT CLEARLY OR TYPE)

| | | | |
|--|--------------------------|------------------------------------|--------------|
| Applicant's Family Name: | Applicant's Given Names: | Date of Birth: (dd/mm/yyyy) | |
| Spouse Family Name: | Spouse Given Names: | Spouse Date of Birth: (dd/mm/yyyy) | |
| Current Residential Address: (<i>unit, Street</i>) | Name of Town/City: | Name of Country | Postal Code: |
| Mailing Address: (<i>unit, Street</i>) | Name of Town/City: | Name of Country | Postal Code: |

I hereby authorize the designate representatives of the:

Province of British Columbia, Citizenship and Immigration Canada and/or Canada Border Services Agency

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 exchange of this information between Federal and Provincial Government offices for the purpose of assessing my application for 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 understand that I have a 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.

| | |
|---|------------------------------------|
| Signature of Applicant: | Signature of Witness: |
| Signature of Spouse: | Signature of Witness: |
| Signed at: (<i>city/town and country</i>) | Date document 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