

# Use of Representative Form

## New Brunswick Provincial Nominee Program (NBNP)



You do not need to hire a representative, it is your choice. No one can guarantee the approval of your application. All the forms and information that you need to apply are available at [www.welcomenb.ca](http://www.welcomenb.ca). A representative is someone who has provided advice or guidance to you at any stage of the application process, whether that person received consideration (i.e. compensation) or not. Following the submission of your application, that person may conduct business on your behalf with the NBNP if you appoint them as your representative by filling out this form. You may have one representative only per application. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your application.

You must use this form to appoint a paid or unpaid representative to conduct business with the NBNP. You must also use this form to: (1) notify the NBNP if your representative's contact information changes; (2) if you wish to cancel the appointment of your representative and represent yourself; or (3) if you wish to cancel appointment of your current representative and appoint a new representative.

Your dependent children aged 18 years and older must complete their own form.

I am:  
 appointing a representative. Complete sections A, B, and D  
 cancelling the appointment of a representative. Complete sections C and D

APPLICANT INFORMATION	
<b>Family name(s)</b> exactly as shown on your passport or travel document	<b>Date of birth</b> (mm-dd-yyyy)
<b>First name(s)</b> exactly as shown on your passport or travel document	<b>Passport number</b> (if applicable)
<b>Middle name(s)</b> exactly as shown on your passport or travel document	<b>INB Profile Number</b> (if applicable)

A. APPOINTMENT OF REPRESENTATIVE		
<p>I authorize the following individual to serve as my representative and to conduct business on my behalf with the Department of Post-Secondary Education, Training, and Labour (The Department).</p> <p>I authorize The Department to release information from my case file and that of my spouse or common-law partner and dependent children under 18 years of age to my representative.</p> <p>I am aware that any information that would be subject to exemption, if I had the right of access under the <i>Right to Information and Protection of Privacy Act</i>, will likely not be released.</p>		
<b>Representative's Family name(s)</b>	<b>First name(s)</b>	<b>Middle name(s)</b>
<p><b>My representative is uncompensated and is:</b></p> <p>a family member or friend</p> <p>a member of a non-governmental or religious organization</p> <p>the Constituency Office of your Member of Provincial or Federal Parliament</p> <p>prospective or current employer</p> <p>an employment agency</p> <p>Other _____</p>	<p><b>My representative is or will be compensated and is a member in good standing of:</b></p> <p>the Immigration Consultants of Canada Regulatory Council (ICCRC)</p> <p>Membership ID number <input type="text"/></p> <p>a Canadian provincial or territorial law society</p> <p>Province of territory <input type="text"/></p> <p>Membership ID number <input type="text"/></p> <p>the <i>Chambre des notaires du Québec</i></p> <p>Membership ID number <input type="text"/></p>	

B. YOUR REPRESENTATIVE'S CONTACT INFORMATION					
Name of Representative (last name, first name) and name of firm or organization (if applicable)					
If student-at-law, write the name of the supervising lawyer				Supervising lawyer membership ID	
Mailing address					
PO Box	Apt./Unit	Street no.	Street name	District	
City/Town		Province/State		Country	Postal code
Representative email address*				Telephone ( )	Facsimile

\*Indicating a representative e-mail address will authorize all correspondence, including file and personal information, to be sent to this address

I declare that the information in Section B is truthful, complete and correct. I understand and accept that I am the person appointed by the applicant to conduct business on the applicant's behalf with the New Brunswick Provincial Nominee Program.

\_\_\_\_\_  
Signature of representative

\_\_\_\_\_  
Date (mm-dd-yyyy)

C. CANCEL THE APPOINTMENT OF A REPRESENTATIVE		
I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with the New Brunswick Provincial Nominee Program, as represented by the Department of Post-Secondary Education, Training and Labour (PETL), Population Growth Division (PGD). My representative's full name is:		
Representative's Family name(s)	First name(s)	Middle name(s)
Name of firm or organization (if applicable)		Supervising lawyer membership ID

D. DECLARATION OF APPLICANT	
I declare that the information I have given in the forgoing application is truthful, complete and correct, and I make this solemn declaration believing it to be true and knowing that it is of the same force and effect as if made under oath. I understand that any false statements or concealment of a material fact may result in my exclusion from the NNBP. I understand the above information having had the opportunity to ask for, or having asked for, and obtained an explanation for every point that was not clear to me. I will immediately inform the NNBP if any of the information or the answers provided in my application forms.	
_____ Signature of applicant	_____ Date (mm-dd-yyyy)
_____ Signature of spouse or common-law partner	_____ Date (mm-dd-yyyy)

Personal information on this form is collected under the authority of the *Immigration and Refugee Protection Act*, SC 2001 c.27. The purpose of the collection is to process your application for the New Brunswick Provincial Nominee Program (NNBP). The information will be used for research, performance measurement and/or evaluation of the Program. If you have any questions about the collection and handling of personal information you may contact the Director of Immigration, Settlement and Multiculturalism Branch, Post-Secondary Education, Training and Labour (PETL) at 500 Beaverbrook Court, Suite 500, Fredericton, New Brunswick, Canada, E3B 5X4. Telephone: (506) 453-3981; Facsimile: (506) 444-6729; Email: [immigration@gnb.ca](mailto:immigration@gnb.ca); Website: [www.welcomenb.ca](http://www.welcomenb.ca).

This information may be shared with other organizations including Immigration, Refugees and Citizenship Canada (IRCC), the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security and Intelligence Service (CSIS) for governing or investigating the conduct of uncompensated or compensated representatives as listed above.