



Northwest Territories' Nominee Program

Form NTNP-05a

AUTHORIZE OR CANCEL A REPRESENTATIVE - NOMINEE APPLICANT

OFFICE USE ONLY
File #: _____
Date Received for Assessment by NTNP YY/MM/DD ____ / ____ / ____

An authorized representative is someone who has your permission to conduct business on your behalf with the Northwest Territories' Nominee Program (NTNP) and/or has advised you throughout the NTNP application process. Paid and unpaid representatives must be disclosed to the Nominee Program with NTNP applications. Only one representative may be appointed at a time. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf.

Paid representatives must be:

- Immigration consultants who are full members in good standing of the Immigration Consultants of Canada Regulatory Council; or
- Lawyers who are members in good standing of the Law Society of the Northwest Territories or another Canadian Law Society, the Nova Scotia Barristers' Society, or the Chambre des notaires du Quebec.

I would like to: Appoint a Representative Cancel a Representative

The information you provide on this form is collected by the Northwest Territories' Nominee Program and will be retained in a personal information file.

1. Nominee Applicant

Last Name (family name):	Given Name(s):	Date of Birth - YY/MM/DD: / /
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2. Representative's Information

I authorize the following individual to serve as my representative and to conduct business on my behalf with the Northwest Territories Nominee Program.

Representative's Last Name (family name):		Given Name(s):		
Name of Firm or Organization:		Unit/Suite/Apt:	Postal Office Box:	
Physical Address (Street):	City/Town:	Province/Territory:	Country:	Postal Code:
Mailing Address (if different from above):		Province/Territory:	Country:	Postal Code:
Telephone Number : ()	Cell Number: ()	Email Address:		

Your representative is (choose one):

UNPAID and is a:

- Family member or friend
- Member of a non-governmental or religious organization
- Other (specify):

PAID and is a member in good standing of:

- The Immigration Consultants of Canada Regulatory Council
Membership ID number: _____
- A Canadian territorial or provincial law society
Territory or Province: _____
Membership ID number: _____
- The Chambre des notaires du Quebec
Membership ID number: _____

Representative's Declaration

I declare that the above information is truthful, complete and correct. I understand and accept that I am the person appointed by the nominee applicant to conduct business with the officials of the Northwest Territories' Nominee Program.

X

Signature of Representative (Mandatory)

/ /

Date - YY/MM/DD

3. Declaration and Authorization

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 any point that was not clear to me.

The personal information on this form is collected by the Northwest Territories' Nominee Program under the authority of the NWT *Access to Information and Protection of Privacy Act* section 40(c) to be used in processing the application, and will be protected by the privacy provisions of the Act. Applicants have the right to examine and request correction of their records, and to request a review by the Information and Privacy Commissioner.

If you have any questions about the collection of information, please contact: program staff at 1-855-440-5450 or email immigration@gov.nt.ca.

I authorize the Northwest Territories' Nominee Program to collect and disclose personal information about myself and dependent children under the age of 18 from/to my representative for the purpose of processing my application for nomination under the program and in accordance with the *Access to Information and Protection of Privacy Act*.

X

Nominee's Signature (Mandatory)

/ /

Date - YY/MM/DD

X

Signature of spouse or common-law partner (Mandatory)

/ /

Date - YY/MM/DD

X

Dependent children over 18 years of age (Mandatory)

/ /

Date - YY/MM/DD