



Northwest Territories' Nominee Program

Form NTNP-05b

AUTHORIZE OR CANCEL A REPRESENTATIVE - EMPLOYER 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. Employer 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: _____	
Mailing Address (Street): _____	City/Town: _____	Province/Territory: _____	Country: _____	Postal Code: _____
Mailing Address (if different from above): _____		Province/Territory: _____	Country: _____	Postal Code: _____
Telephone Number : () _____	Fax 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 employer applicant to conduct business with the officials of the Northwest Territories' Nominee Program.

X

Signature of Representative (Mandatory)

_____/_____/_____
Date - YY/MM/DD

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 representative to act on the Employer's behalf and agree that the Northwest Territories' Nominee Program may take instructions from the Representative in relation to the applicable nominee application. I acknowledge that the Northwest Territories' Nominee Program may be collecting personal information about the Nominee Applicant and their dependents from, and may also disclose such personal information to, my Representative for the purpose of processing the applicable nominee application and in accordance with the *Access to Information and Protection of Privacy Act*.

X

Employer's Signature (Mandatory)

_____/_____/_____
Date - YY/MM/DD

Date - YY/MM/DD