



OFFICE USE ONLY

File #:

 Date Received for
 Assessment by NTNP
 YY/MM/DD
 / /

Northwest Territories' Nominee Program

AUTHORIZE OR CANCEL A REPRESENTATIVE

An immigration representative is someone who has your permission to conduct business on your behalf with the Northwest Territories' Nominee Program. 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 and receive information about your application.

I am: The Employer The Nominee ApplicantI 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. Appointment of a Representative

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 :

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Fax Number:

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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 Providence: _____

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 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: the Coordinator, Immigration at 1-855-440-5450 or email immigration@gov.nt.ca.

I authorize the Northwest Territories' Nominee Program to disclose information about myself and my dependent children under the age of 18 to my representative in accordance with the *Access to Information and Protection of Privacy Act*.

X

Nominee's Signature (Mandatory)

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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