

This form is used by an applicant to Opportunities Ontario: Provincial Nominee Program to authorize a representative for a case file or to cancel a previous authorization. A representative is someone who has your permission to communicate on your behalf with the Ontario Ministry of Citizenship and Immigration regarding the Opportunities Ontario: Provincial Nominee Program. You may have one representative only and that person must meet the criteria established for representatives by the Opportunities Ontario: Provincial Nominee Program. If you later appoint another representative, any previously appointed representative will no longer be authorized to communicate on your behalf or receive information on your case files. All fields on this form must be completed. If questions are not applicable, mark the space with "N/A".

All application forms and guides are made available free by Opportunities Ontario and are not to be sold.

I am:

- An employer appointing a representative. Complete Sections A, C and E.
- A prospective nominee appointing a representative. Complete Sections B, C and E.
- Cancelling the appointment of a representative. Complete Sections A or B, D and E.

A. Company Signing Officer Information

Last Name		First Name		Middle Name(s)
Title/Position in Company				
Company Name				
Company Location				
Unit No.	Street No.	Street Name		PO Box
City/Town		Province/State	Country	Postal Code/Zip

B. Prospective Nominee Information

Last Name		First Name		Middle Name(s)
Date of Birth (yyyy/mm/dd)				

C. Appointment of a Representative

I authorize the following individual to serve as my representative and to conduct business on my behalf with the Ontario Ministry of Citizenship and Immigration regarding the Opportunities Ontario: Provincial Nominee Program.

I authorize the Ontario Ministry of Citizenship and Immigration to disclose all personal information and other information from my case file to my representative as well as collect all personal information and other information from my representative for purposes related to my application to the Opportunities Ontario: Provincial Nominee Program.

Representative's Full Name

Last Name		First Name		Middle Name(s)
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My representative is (choose one):

PAID and is a member in good standing of:

- | | |
|---|---|
| <input type="checkbox"/> a Canadian provincial or territorial law society | <input type="checkbox"/> the Immigration Consultants of Canada Regulatory Council |
| Province or territory ▶ | Membership ID number ▶ |
| Membership ID number ▶ | <input type="checkbox"/> the <i>Chambre des notaires du Québec</i> |
| | Membership ID number ▶ |

Opportunities Ontario: Provincial Nominee Program – Authorizing or Cancelling a Representative

UNPAID and is:

- | | |
|---|---|
| <input type="checkbox"/> a family member or friend | <input type="checkbox"/> an employment agency |
| <input type="checkbox"/> a member of a non-governmental or religious organization | <input type="checkbox"/> a member of the Immigration Consultants of Canada Regulatory Council, a Canadian provincial or territorial law society, or the <i>Chambre des notaires du Québec</i> |
| <input type="checkbox"/> the Constituency Office of your Member of Provincial or Federal Parliament | <input type="checkbox"/> other (specify) ► |
| <input type="checkbox"/> prospective or current employer | |

Representative's Contact Information

Name of firm or organization (if applicable)

Mailing Address

Unit No.	Street No.	Street Name	PO Box	
City/Town		Province/State	Country	Postal Code/Zip
Telephone No. (incl. area code)		Fax No. (incl. area code)		
Email Address				

Representative's Contact Information

I declare that the information in Section C is true, complete and accurate. I understand and accept that I am the person appointed by the applicant to conduct business with the Ontario Ministry of Citizenship and Immigration and I declare that my appointment is consistent with the criteria established for representatives by the Opportunities Ontario: Provincial Nominee Program.

Signature	Date (yyyy/mm/dd)
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D. Cancel the Appointment of a Representative

I withdraw my authorization for the person named below to serve as my representative, to receive information on my case file and to conduct business on my behalf with the Ontario Ministry of Citizenship and Immigration regarding the Opportunities Ontario: Provincial Nominee Program.

Representative's Full Name

Last Name	First Name	Middle Name(s)
Name of firm or organization (if applicable)		

E. Applicant's Declaration

I declare that the information I have given is true, complete and accurate. I understand all the foregoing statements, having asked for and obtained an explanation for every point that was not clear to me.

Full Name (print or type)	Signature	Date (yyyy/mm/dd)
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The Ministry of Citizenship and Immigration (MCI) is subject to the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31. The information on this form is collected in accordance with the requirements of s.38(2) of the *Freedom of Information and Protection of Privacy Act*. Opportunities Ontario: Provincial Nominee Program (PNP) is authorized by the Canada-Ontario Immigration Agreement, executed under the authority of the *Ministry of Citizenship and Culture Act*, R.S.O. 1990, c. M.18 and O.C. 1478/2005 (O. Gaz. 2005 p. 3038) pursuant to the *Executive Council Act*, R.S.O. 1990, c. E.25. Any personal information collected by MCI in connection with the PNP will be used for these purposes: (i) to administer the PNP; (ii) to assess and verify individual applications under the PNP; and (iii) for statistical and program evaluation purposes. In this application form, "personal information" has the same meaning as under the *Freedom of Information and Protection of Privacy Act*. Questions about the collection may be directed to the Opportunities Ontario: Provincial Nominee Program Unit, 400 University Ave., 1st Floor, Toronto ON M7A 2R9, Tel.: 1 866 214-6820.