



# MEMBER OF PARLIAMENT

## CASEWORK INTAKE & CONSENT FORM

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ DOB (Y/M/D) \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

INQUIRY BY : **APPLICANT** | **SPONSOR** | **OTHER** (*Exceptional reasons only. Please specify.*) \_\_\_\_\_

TYPE OF INQUIRY: **IMMIGRATION** | **SERVICE CANADA** | **CRA** | **OTHER:** \_\_\_\_\_

### **APPLICANT'S DETAILS** *If different from above.*

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DOB \_\_\_\_\_

UCI / SIN \_\_\_\_\_ FILE NUMBER \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

APPLICATION TYPE \_\_\_\_\_ DATE APPLIED \_\_\_\_\_

### **CONSENT**

I am the ( *APPLICANT* ) ( *SPONSOR* ) on the file mentioned above, and I give consent to the MP \_\_\_\_\_ and their delegates to:

- Use my personal information for the purpose of resolving the issue above;
- Make enquiries and share my information with relevant individuals and entities, including government departments and agencies, and seek other information as required in regards resolving the issue above;
- On completion of all matters relating to the above issue, or on ceasing to be an MP, dispose of my file.

### **OPTIONAL : THIRD PARTY CONSENT**

- The only language I speak is \_\_\_\_\_ for which the MP's office does not have interpretation.
- I have a disability or illness that limits my communication or accessibility.
- I am currently out of the country and would like to appoint a representative in Canada.

For the reason checked above, I authorize the below **unpaid representative** to communicate and collect information on behalf to/from MP \_\_\_\_\_ and their delegate in regards to the above issue.

AUTHORIZED PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
APPLICANT / SPONSOR

**INTERNAL USE** CRM NO

FILE NO