

USE OF A REPRESENTATIVE FORM - EMPLOYER

Return this completed form to the Applicant so that they can upload it to BCPNP Online:

1. Sign in to [BCPNP Online](#)
2. Click 'My Representative'
3. Follow on screen instructions

The personal information on this form is collected by the Province of British Columbia (the "Province") for the purposes of administering, and assessing applications under, the British Columbia Provincial Nominee Program (the "BC PNP"), as authorized by section 8 of the Provincial Immigration Programs Act and under the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, you may contact an Information Officer of the BC PNP by telephone: (604) 775-2227, email: PNPIInfo@gov.bc.ca or in person at Suite 450 – 605 Robson Street, Vancouver BC.

1. Applicant Information:

FAMILY NAME(S)	GIVEN NAME(S)	DATE OF BIRTH (DD-MMM-YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

B.C. Employer Information (only for Skills Immigration applications):

LEGAL NAME OF COMPANY / ORGANIZATION	EMPLOYER SIGNING AUTHORITY - FAMILY NAME(S)	EMPLOYER SIGNING AUTHORITY - GIVEN NAME(S)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Appointment of a Representative:

- As the signing authority for the above-named employer (the "Employer"), I appoint the following individual to serve as the Employer's representative in relation to the above-named applicant's BC PNP application (the "Representative").
- I authorize the Representative to act on the Employer's behalf and agree that the Province may take instructions from the Representative in relation to the applicable BC PNP application.
- I acknowledge that the Province may be collecting personal information about the applicant and others from, and may also disclose such personal information to, my Representative (including via any email address provided below) for the purpose of assessing the applicable BC PNP application with the BCPNP or for any other purpose outlined in section 8 of the *Provincial Immigration Programs Act* or authorized by the *Freedom of Information and Protection of Privacy Act*.
- I understand that if a person named as an **unpaid representative** is found by the Province to have charged fees for, or otherwise benefited from, acting as a Representative, the Province will revoke such individual's eligibility to serve as a representative and may decline/cancel the applicable application/approval to the BC PNP.

REPRESENTATIVE'S FAMILY NAME(S)	REPRESENTATIVE'S GIVEN NAME(S)	NAME OF FIRM OR ORGANIZATION (IF APPLICABLE)
<input type="text"/>	<input type="text"/>	<input type="text"/>

PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

REPRESENTATIVE'S MAILING ADDRESS	CITY/TOWN	PROVINCE/STATE	COUNTRY	POSTAL/ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Representative: (choose one)

Is **unpaid** and is a:

- Family member or friend
- Member of a non-governmental or religious organization
- Member of the College of Immigration and Citizenship Consultants or a Canadian, provincial or territorial law society

Is **paid** and is a:

- Member of the College of Immigration and Citizenship Consultants
Membership ID Number
- Member of a Canadian, provincial or territorial law society
Membership ID Number
Province

3. Representative Declaration:

- I declare that the information in section 2 is truthful, complete and correct.
- I agree to represent the Employer and to act on their behalf with the BC PNP.
- I understand that, under section 8 of the *Provincial Immigration Programs Act*, the Province may disclose my personal information for the purposes outlined in that section, including to Immigration, Refugees and Citizenship Canada respecting a possible contravention of the *Immigration and Refugee Protection Act* (Canada).

SIGNATURE OF REPRESENTATIVE	DATE SIGNED (DD-MMM-YYYY)
<input type="text"/>	<input type="text"/>

4. Employer Declaration:

- I declare that (1) I have the legal authority to sign this form on behalf of the Employer, (2) I have fully and truthfully answered all the questions on this form and (3) I have read and understood all the statements, declarations, authorizations on this form.

SIGNATURE OF EMPLOYER	DATE SIGNED (DD-MMM-YYYY)
<input type="text"/>	<input type="text"/>