

Upload your completed form 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/Registrant 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:

- I appoint the following individual to serve as my representative for my registration/application with the BC PNP (my "**Representative**").
- I acknowledge that the Province will be collecting personal information about me and (if applicable) my dependents from, and may also disclose such personal information to, my registration/application with the BC PNP.
- I acknowledge that the Province will be collecting personal information about me and (if applicable) my dependents from, and may also disclose such personal information to, my Representative (including via any email address provided below) for the purpose of assessing my registration/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 my **unpaid representative** is found by the Province to have charged fees for, or otherwise benefited from, acting as my Representative, the Province will revoke such person's eligibility to serve as my Representative and may decline/cancel my 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 Immigration Consultants of Canada Regulatory Council or a Canadian, provincial or territorial law society

Is **paid** and is a:

- Member of the Immigration Consultants of Canada Regulatory Council
- Member of a Canadian, provincial or territorial law society

Membership ID Number

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 registrant/applicant and to act on their behalf in relation to their registration/application 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)

4. Registrant/Applicant Declaration

- I declare that (1) I have fully and truthfully answered all the questions on this form and (2) I have read and understood all the statements, declarations, authorizations on this form.

SIGNATURE OF REGISTRANT / APPLICANT

DATE SIGNED (DD-MMM-YYYY)