



Authority to Release Personal Information to a Designated Representative

The information you provide in this document is collected under the authority of Section 4 of the *Access to Information Act* and Section 12 of the *Privacy Act* for the purposes of administering the *Access to Information Act* and/or the *Privacy Act*. The information may be disclosed to Citizenship and Immigration Canada (CIC) for the purposes of responding to Access to Information and Privacy (ATIP) Requests.

Failure to provide the personal information requested may result in your request not being fulfilled. Individuals have the right of access to and/or can make corrections of their personal information under the *Privacy Act*. The information collected is described within Info Source under the Access to Information and Privacy Personal Information Bank PSU 901 which is detailed at <http://www.cbsa-asfc.gc.ca/>.

By completing this form, you authorize the Canada Border Services Agency and Citizenship and Immigration Canada to release **information about you, to your designated individual**.

If your spouse or common-law partner wishes to release information to the same designated individual, he or she **must** sign in the space provided. Failure to do so will not permit CBSA or CIC to release any of their information. Your dependent children who are 18 years of age or older must also sign this form in the space provided if they wish to authorize CBSA to release their information to your designated individual. Providing consent from all parties involved will accelerate the processing of your request.

1 – Your declaration

I, the undersigned, understand the following statements, having asked for and obtained an explanation for every point that was not clear to me.

- I authorize the CBSA and CIC to release my personal information and customs information to the individual named in Section 2;
- This consent allows the disclosure of information related to me, or to my dependent children under 18 years of age;
- Some information may not be released if it is subject to exemptions under the *Privacy Act*, *Access to Information Act*, *Customs Act* and any other relevant legislation;
- This authorization is valid for one year from the date appearing after my signature.

2 – Your designated individual's Information

Family name (Surname) Rathore		Given name Aditya	
Address			
City	Province/Territory	Country	Postal Code
Firm/organization c/o gcms and caips services		Email Address orders@gcms-notes.ca	
Telephone number (+1) 647-954-0020	Other Telephone number	Fax number	

3 – Your Information

Family name (Surname)		Given name	
Date of birth (YYYY-MM-DD)		Your Client ID number (if applicable)	
Signature			Date

I wish to give consent to my designated individual only **Or** I wish to give consent to my designated individual's firm

4 – Other Individuals' Information (i.e.: spouse, adult family member, business partner - if applicable)

Family name (Surname)		Given name	
Date of birth (YYYY-MM-DD)		Your Client ID number (if applicable)	
Signature		Date	Relationship to applicant

I wish to give consent to my designated individual only **Or** I wish to give consent to my designated individual's firm

5 – Other Individuals Information (i.e.: spouse, adult family member, business partner - if applicable)

Family name (Surname)	Given name	
Date of birth (YYYY-MM-DD)	Your Client ID number (if applicable)	
Signature	Date	Relationship to applicant

I wish to give consent to my designated individual only **Or** I wish to give consent to my designated individual's firm

6 – Other Individuals Information (i.e.: spouse, adult family member, business partner - if applicable)

Family name (Surname)	Given name	
Date of birth (YYYY-MM-DD)	Your Client ID number (if applicable)	
Signature	Date	Relationship to applicant

I wish to give consent to my designated individual only **Or** I wish to give consent to my designated individual's firm