Use of a Representative Atlantic Immigration Program (AIP)



A representative is someone who has your permission to conduct business on your organization's behalf with the Province of Nova Scotia. You may have one representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your organization's behalf and receive information on your AIP applications.

l ar	n: appointing a representati	ve. (Complete Section A, B and D.)	
	cancelling the appointme	of a representative. (Complete Section A, C and D.)	
Sec	ction A – Applicant Information (A	Authorized Signing Officer)	
Las	st name:		
Fire	st name:		
Coi	mpany Legal Name:		
Sec	ction B – Appointment of a Represe	ntative	
•	I authorize the following individual to serve as my representative and to conduct business on my organization's behalf with the Province of Nova Scotia.		
•		Scotia to release information from my case file to my is authorization is in accordance with the Nova Scotia ection of Privacy Act.	
1	Representative's full name:		
		ame, First name	
2	The representative is or will be paid and is a member in good standing of:		
	College of Immigration and Citizenship Consultants (CICC)	Membership ID Number:	
	a Canadian provincial or	Province or territory:	
	territorial law society	Membership ID Number:	
	Chambre des notaires du Québec	Membership ID Number:	

3	epresentative's contact information:		
	Name of firm or organization (if applicable):		
	Mailing address:		
	Telephone number:		
(Country code) Number			
	Email address:		
4	Representative's declaration		
	 I declare that the information in Section B is truthful, complete and correct. 		
	 I understand and accept that I am the person appointed by the applicant to conduct business on the applicant's behalf with the Province of Nova Scotia. 		
	 I have reviewed <u>Section 91</u> of the <u>Immigration and Refugee Protection Act</u> and declare I am in full compliance with its requirements respecting the provision of advice and representation. 		
Signature of representative:			
	Date (dd/mm/year):		
Se	ection C – Cancel the Appointment of a Representative		
•	I withdraw my authorization for this person to serve as my organization's representative to receive information on my case file and to conduct business on my organization's behalf with the Province of Nova Scotia.		
Na	ame of representative: Last name, First name		
N I a			
IVá	ame of firm or organization (if applicable):		
-	ection D – Your Declaration		
•	I declare that the information I have given is truthful, complete and correct. I understand all the previous statements, having asked for and obtained an explanation		
·	for every point that was not clear to me.		
Si	gnature of applicant:		
Da	ate (dd/mm/year):		

The Province of Nova Scotia does NOT require the use of paid representatives in the immigration process and it is your choice to retain assistance.