

Authorized Representative Enrolment Form



To access the INB Portal, authorized representatives must register with the Government of New Brunswick (GNB). A representative is someone who has provided advice or guidance to an applicant at any stage of the application process, whether that person received compensation or not.

To register, email this completed form to: nbnp-pcnb@gnb.ca
 Subject: Authorized Representative Enrolment Form

A. REPRESENTATIVE INFORMATION		
Representative's Family name(s)	First name(s)	Middle name(s)
<p>I am uncompensated an:</p> <p><input type="checkbox"/> a family member or friend</p> <p>a member of a non-governmental or religious organization</p> <p>the Constituency Office of your Member of Provincial or Federal Parliament</p> <p><input type="checkbox"/> prospective or current employer</p> <p>an employment agency</p> <p><input type="checkbox"/> Other _____</p>		
<p>I will be compensated and I member in good standing of:</p> <p>the College of Immigration and Citizenship Consultants (CICC) of Canada</p> <p>CICC Registration number <input type="text"/></p> <p><input type="checkbox"/> a Canadian provincial or territorial law society</p> <p>Province or territory <input type="text"/></p> <p>Membership ID number <input type="text"/></p> <p><input type="checkbox"/> the <i>Chambre des notaires du Québec</i></p> <p>Membership ID number <input type="text"/></p>		

B. REPRESENTATIVE'S CONTACT INFORMATION				
Name of Representative (last name, first name) and name of firm or organization (if applicable)				
If student-at-law, write the name of the supervising lawyer				Supervising lawyer membership ID
Mailing address				
PO Box	Apt./Unit	Street no.	Street name	District
City/Town		Province/State	Country	Postal code
Representative email address*			Telephone	Website

I declare that the information I have given in the forgoing application is truthful, complete and correct, and I make this solemn declaration believing it to be true and knowing that it is of the same force and effect as if made under oath. I understand that any false statements or concealment of a material fact may result in my exclusion from the NNBPNP.

Signature of representative

Date (mm-dd-yyyy)

Personal information on this form is collected under the authority of the *Immigration and Refugee Protection Act*, SC 2001 c.27. The purpose of the collection is to process your application for the New Brunswick Provincial Nominee Program (NBPNP). The information will be used for research, performance measurement and/or evaluation of the Program. If you have any questions about the collection and handling of personal information you may contact the Director of Immigration Services, Government of New Brunswick at Place 2000, 250 King Street, Fredericton New Brunswick, Canada, E3B 9M9. Telephone: (506) 453-3981; Email: immigration@gnb.ca; Website: www.welcomenb.ca.

This information may be shared with other organizations including Immigration, Refugees and Citizenship Canada (IRCC), the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security and Intelligence Service (CSIS) for governing or investigating the conduct of uncompensated or compensated representatives as listed above.