

Nova Scotia Nominee Program NSNP 50 – Use of a Representative

A representative is someone who has your permission to conduct business on your 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 behalf and receive information on your case file.

Your de	pendent children aged 18 years and older must complete their c	wn copy of this form if they have a representative.
I am:	☐ appointing a representative. Complete Section A, B a	
i dili.	☐ cancelling the appointment of a representative. Comp	
Sectio	n A - Applicant Information	
Last na	me:	
First na	nme:	
	birth (dd/mm/year):	
Sectio	n B – Appointment of a Representative	
•	I authorize the following individual to serve as my repres the Province of Nova Scotia. I authorize the Province of Nova Scotia to release inform children under 18 years of age to my representative. Thi Scotia Freedom of Information and Protection of Privacy	nation from my case file and that of my dependent s authorization is in accordance with the Nova
1.	Your representative's full name: Last name, First n	
2.	Your representative is or will be paid and is a member	
	☐ the College of Immigration and Citizenship Consultan	ts (CCIC) License #
	\square a Canadian provincial or territorial law society	Province or territory:
		Membership ID Number:
	☐ Chambre des notaires du Québec	Membership ID Number :

Mailing address:	
Telephone number:	
(Country code) Number	
Email address:	
 4. Your representative's declaration: I declare that the information in Section B is truthful, complete and correction I understand and accept that I am the person appointed by the applicant applicant's behalf with the Province of Nova Scotia. 	
Signature of representative	Date (dd/mm/year)
Section C – Cancel the Appointment of a Representative	
I withdraw my authorization for this person to serve as my representative, to receive to conduct business on my behalf with the Province of Nova Scotia.	e information on my case file and
Name of representative:	
•	
Last name, First name	
•	
Last name, First name	
Last name, First name	
Last name, First name Name of firm or organization (if applicable):	t.
Last name, First name Name of firm or organization (if applicable): Section 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 a was not clear to me. Signature of applicant:	t. an explanation for every point that
Last name, First name Name of firm or organization (if applicable): Section 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 a was not clear to me. Signature of applicant: Signature	t.
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