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PARLIAMENTARIAN AUTHORIZATION FORM

APPLICANT *(person experiencing the ISSUE)*

Full Name: _____

Home Address: _____

Date of Birth: _____ Phone: _____

Email: _____

DELEGATE *(Individual identified on line 2 below (if applicable))*

Full Name: _____

Home Address: _____

Date of Birth: _____ Phone: _____

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IRCC
UCI/App. No.: _____

Service Canada (EI, OAS, GIS)
SIN: _____

CRA (taxes, CCB) (Fill out CRA form)

Other

I hereby authorize Mr. Noormohamed, Member of Parliament and/or his delegates, to:

1. Collect and use my personal and/or confidential information (INFORMATION) for the purpose of investigating or resolving the ISSUE;
2. Make enquiries with and disclose my INFORMATION concerning the ISSUE and seek any other relevant information as required, including releasing information to my delegate _____, and relevant government departments and agencies.
3. I understand that any INFORMATION I provide to Mr. Noormohamed, and/or his delegates, will be kept confidential, except as described in this Authorization Form, or as required or permitted by law.

Signature: _____ Date: _____



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DESCRIPTION OF THE ISSUE: