Service Canada

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Personal Information Bank
HRSDC PPU 100

COMMON EXPERIENCE PAYMENT (CEP) FOR FORMER STUDENTS WHO RESIDED AT INDIAN RESIDENTIAL SCHOOL(S)

Consent to Communicate Information to a Representative

This form allows you to name a person as your representative to communicate with the Common Experience Payment (CEP), on your behalf. It also allows the CEP to communicate to your representative your personal information such as any application, benefit.

Section 1: Your Consent *(to be completed by CEP applicant)*

CEP APPLICANT INFORMATION

☐ Mr. ☐ Mrs

☐ Miss ☐ Ms

CEP Transaction ID Number *(if known)*

First Name(s) | Middle Name(s) (if applicable) | Last Name(s)

Mailing address:

(P.O. Box, Street No., Apt., R.R.) | City/Town/Community

Province/Territory/State | Postal/Zip Code | Country | Date of Birth

I give consent for employees of CEP to communicate with my representative named in **Section 2** any personal information in my file about the program.
I understand this consent remains valid for 2 years from the date I signed it unless I cancel it in writing prior to that time. I also understand that by signing this form I am giving my representative the authority to give and receive information on my behalf. I am not, however, giving my representative the authority to make decisions or to take actions(s)/make any transaction(s) on my behalf.

Your signature | Date: Year/Month/Day

SIGNATURE WITH A MARK

If the applicant signed with a mark (for example "X"), the mark must be made in the presence of a witness. A witness may be a relative. The witness must provide the following information:

Witness' first name, initial and last name

Relationship to the applicant

Address (No.,Street, Apt., R.R., P.O. Box) | City/Town/Community

For assistance completing this form, please call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105).

Province/Territory/State	Country	Postal/Zip Code	Telephone Number

If the applicant signed with a mark, the witness must also sign the following declaration: I have read the content of this application to the applicant who understands and confirms the complete contents and who made his or her mark in my presence.

Signature of Witness **Date: Year/Month/Day**

Section 2: Your representative *(to be completed by representative)*

Full name of representative

First Name(s) Middle Name(s) (if applicable) Last Name(s)

Relationship to the applicant: (includes translator)

Telephone Numbers:

Home: Work: Other:

Mailing Address:

(P.O. Box, Street No., Street, Apt., R.R.) City/Town/Community

Province/Territory/State Postal/Zip Code Country

I understand that I can communicate with CEP to give and receive information on behalf of the person named in **Section 1.** I also understand that I do not have authority to make any decision(s) or to take any action(s)/make any transaction(s) on this person's behalf.

Representative's Signature Date: Year / Month / Day

Keep a photocopy of this form for reference purposes when contacting CEP

Protection of your personal information

The information provided in this form is collected and protected under the authorities of the *Privacy Act* and the *Department of Human Resources and Skills Development Act (DSD Act* and will be retained in Personal Information Bank HRSDC PPU 100. Under the *Privacy Act*, individuals have access and correction rights to their personal information. Instructions on how individuals can exercise these rights are outlined in the publication *Info Source*, a copy of which is available at any Service Canada Centre or at http://infosource.gc.ca.

To be mailed to:

CEP Processing Centre
100-6712 Fisher Street SE
Calgary, AB T2H 2A7

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