

Authorized Representative

Consumer and Financial Services Division

Instructions

- This form is to be completed by the applicant to authorize another person to represent the applicant in a proceeding and to disclose the applicant's case file to the authorized person.
- This form is not a power of attorney and does not delegate authority allowing the applicant's representative to make decisions or sign documents on behalf of the applicant.

Applicant Contact Information

Applicant (s) Name: _____

Address: _____

Phone #: _____

I am the applicant(s) of complaint, and I give permission to the representative named below to speak on my behalf.

Signature of Applicant (s): _____

Date : _____

Representative Contact Information

Name	Company/Agency	
Street Name and Number		Apartment Number
City/Town	Province	Postal Code
Email	Telephone	Cellular

Signature

Signature	Date (month dd, year)
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