HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA
The Hon. Jonathan Wilkinson, Member of Parliament for North Vancouver

CONSTITUENT CASEWORK AND INTAKE FORM

Your Information:

Name:	
North Vancouver Address:	
Email:	**Phone Number:**

Applicant Information

Applicant Name:	
Applicant Date of Birth (MM/DD/YYYY):	**Applicant Country of Birth:**
Type of Case:	**Application/Case Number:**
UCI # (if applicable):	**SIN # (if applicable):**
Date of Submitted Application:	**Processing Centre:**
Other Information:	

DECLARATION:

I certify that all information provided is factual and correct; I understand that this Constituency office will not be able to provide any assistance should there be any incorrect information or misinformation provided. I understand that this form and service is free of charge.

I authorize the Constituency office to gather information on my behalf as per section 8(2)(g) of the Privacy Act. 8. (1) Personal information under the control of a government institution shall not, without the consent of the individual to whom it relates, be disclosed by the institution except in accordance with this section. (2) Subject to any other Act of Parliament, personal information under the control of a government institution may be disclosed (g) to a member of Parliament for the purpose of assisting the individual to whom the information relates in resolving a problem.

_____
Signature (Constituent or Applicant)

_____
Applicant (print full name)

_____
Date (MM/DD/YYYY)