Immigration and Refugee Board of Canada | Commission de l'immigration et du statut de réfugié du Canada

Division(s): ☐ ID ☐ RPD ☐ IAD ☐ RAD

IRB File Number(s) : _____

Notice of Representation Without a Fee or Other Consideration[1]

To be completed by the individual appearing before the tribunal.
The following person is representing me as my counsel in all proceedings before the Immigration and Refugee Board of Canada, and he/she is not charging a fee for doing so. This form only needs to be provided to the IRB once and a separate form does not need to be completed for each proceeding. However, if there is any change to the contact information, please complete a new form and provide it to the IRB without delay.

Name of counsel

Surname	Given Name

Address of counsel

Name of firm or organization (if applicable)		
Number	Street	
City	Province	Postal Code
Telephone Number ( ) _____ Area code Phone Number		
Fax Number ( ) _____ Area code Fax Number		

Interpreter's Declaration

I, (print full name clearly) _____ hereby declare that I have accurately interpreted the entire content of this form to the individual appearing before the tribunal from the English language to the _____ language (state dialect if applicable). I am proficient in both these languages and was able to communicate fully with the individual. The individual has indicated that he/she fully understands the entire content of this form as interpreted by me.

_____ Signature of Interpreter _____ Date (dd/mm/yyyy)

[1] A fee includes monetary or other consideration, such as goods or services.

Declaration of individual Appearing before the Tribunal

If you did not require the assistance of an interpreter, you must complete Declaration A. If you did require the assistance of an interpreter, you must complete Declaration B.

Declaration A

I declare that the information provided in the form is complete, true and correct. I declare that I am able to read English and that I fully understand the entire content of this form. My declaration has the same force and effect as if made under oath.

_____ Signature of Individual _____ Date (dd/mm/yyyy)

Declaration B

I declare that the entire form has been translated to me. I declare that the information provided in this form is complete, true and correct. My declaration has the same force and effect as if made under oath.

_____ Signature of Individual _____ Date (dd/mm/yyyy)

Counsel's Declaration

I declare that the information provided in this form is complete, true and correct. My declaration has the same force and effect as if made under oath.

_____ Signature of Counsel _____ Date (dd/mm/yyyy)

Note: For further details, please refer to our *Policy for Handling IRB Complaints Regarding Unauthorized, Paid Representatives* (2008-04-10).

Any subsequent finding by the IRB that a person is, in fact, an unauthorized paid representative, may be disclosed to Immigration, Refugees and Citizenship Canada (IRCC), the Canada Border Services Agency (CBSA) and the Department of Justice Canada (DOJ) in accordance with section 8(2)(*a*) of the *Privacy Act*; and to the College of Immigration and Citizenship Consultants (CICC), the relevant law society of the province or territory, the Chambre des notaires du Québec and the broader public by way of notice on the IRB website, in accordance with section 8(2)(*m*) of the *Privacy Act*.

Notice: The information provided is subject to disclosure under the *Privacy Act* and the *Immigration and Refugee Protection Regulations*.