

<p>1. Fill out the form by entering the necessary information in the appropriate spaces.</p>	▶	<p>2. Send the completed document to the <b>Direction générale de l'IVAC:</b></p> <table border="0"> <tr> <td style="width: 33%;"> <p><b>Online</b> <a href="http://www.ivac.qc.ca">www.ivac.qc.ca</a></p> </td> <td style="width: 33%;"> <p><b>By mail</b> 1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2</p> </td> <td style="width: 33%;"> <p><b>By fax</b> 1 888 927-0003</p> </td> </tr> </table>	<p><b>Online</b> <a href="http://www.ivac.qc.ca">www.ivac.qc.ca</a></p>	<p><b>By mail</b> 1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2</p>	<p><b>By fax</b> 1 888 927-0003</p>
<p><b>Online</b> <a href="http://www.ivac.qc.ca">www.ivac.qc.ca</a></p>	<p><b>By mail</b> 1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2</p>	<p><b>By fax</b> 1 888 927-0003</p>			

This form is for the claimant who wishes to identify a person to represent him or her at the **Direction générale de l'IVAC** regarding his or her file and to authorize that person to have access to the documents and information contained in that file.

**1. Claimant's Identity Information**

Surname (as shown on birth certificate)		First name	
Address			Telephone
Number	Street	Apt.	Main
City	Province	Postal Code	Other
		<input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/>	

**2. Information on the identity of the representative (legal counsel or another person acting as a representative)**

Firm (if applicable)			
Surname		First name	
Address (firm or home)			Telephone
Number	Street	Apt./Office	Main      Ext.
City	Province	Postal Code	Fax
		<input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/>	

**3. IVAC file N°(s). (if known)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**4. Scope of the representation mandate**

I hereby authorize the above-mentioned person to represent me in the current or future processing of the identified file(s), to undertake all actions and measures deemed useful and advisable to assert my rights.

This person will act on my behalf, have access to all information concerning the processing of my applications at the **Direction générale de l'IVAC** and will be able to discuss any matter relating thereto. To this end, I authorize the **Direction générale de l'IVAC** to provide my representative with a copy of the file(s) and to communicate to him or her any document or personal information required.

Unless I give notice to the contrary or my representative signifies in writing that he or she no longer wishes to act in that capacity, this mandate is not subject to any time limits.

**5. Claimant's signature**

	<input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="text"/>
--	---