

This Applicant Consent Form is to be signed by the applicant and, if applicable, their spouse and dependents. This Form is required to be uploaded as part of the Ontario Immigrant Nominee Program (“OINP”) application. If this Form is incomplete, the application will be returned as incomplete and will not be processed. **Please ensure you complete all applicable signature boxes with your name, signature and date.**

Caution: Please sign all pages after reviewing your online application for errors.

This form must be dated after you have received either a Notification of Interest (Express Entry streams) or an Invitation to Apply (Expression of Interest streams).

Fields marked with an asterisk (*) are mandatory.

Applicant Information

Last Name *		First Name *	Middle Initial
Date of Birth (yyyy/mm/dd) *	Personal Telephone Number *	Personal Email Address *	
File Number		Stream	

Current Residential Address

Unit Number	Street Number *	Street Name *	PO Box
City/Town *		Province/State *	Postal/Zip Code *
Country *			

By completing this Form I confirm that I have reviewed my online application, including supporting documentation and that all the information is **accurate, correct and not misleading.**

Application Schedules (A, B, C and D)

Important: As part of your application, you must ensure that Schedules A, B, C and D are completed. If applicable, your accompanying spouse or common-law partner and any accompanying dependents (aged 16 and over) must also complete Schedules B and C. If you have more than three dependents aged 16 and over, please complete and upload additional Schedules B and C. If you have questions about these Schedules, please contact the Ontario Immigrant Nominee Program at 1-866-214-6820, 416-327-0374 or by email at ontarionominee@ontario.ca.

Schedule A: Declarations (Applicant)

You, the applicant, must read and sign this Schedule A to acknowledge your agreement before you can submit your application to the Ontario Immigrant Nominee Program (OINP).

Declarations:

I, the Applicant, make the following declarations concerning, among other things, this application:

1. The information in this application, including any information related to any expression of interest (EOI) and all supporting documentation, is accurate, correct, and not misleading.
2. If I was issued an invitation to apply under an EOI based OINP stream, I have reviewed the EOI information and confirm that all the information in my EOI was accurate, correct and not misleading as of the date of registration and is currently accurate, correct and not misleading and I acknowledge that my EOI forms part of this application.
3. I acknowledge that if it is determined that any information provided in this application, including my EOI (if applicable), was not and is not accurate, correct and not misleading, that this application may be refused and I may be subject to administrative penalties and/or prosecution of an offence under the *Ontario Immigration Act, 2015*.
4. I understand and agree that the Government of Canada is solely responsible for approving and granting all applications for temporary work permits and permanent residence under the federal *Immigration and Refugee Protection Act* notwithstanding any OINP nomination.
5. I agree not to hold the Ministry of Labour, Immigration, Training and Skills Development (MLITSD) responsible for any damages, injuries, costs, expenses, lost profits, or any other losses whatsoever, including indirect, special, or consequential damages that are in any way related to my OINP application.

Applicant

I have read, understand, and agree with all of the above declarations. *

Name (First and Last Name) *

Signature *

Date (yyyy/mm/dd) *

Schedule B: Authorizations and Notice of Collection (Principal Applicant, Accompanying Spouse/ Common-Law Partner and Dependents aged 16 and over)

You, the applicant, and your accompanying spouse or common-law partner and any dependents aged 16 and over (if applicable) must read and sign this Schedule B before you can submit your application to the Ontario Immigrant Nominee Program (OINP).

I. Authorization to Collect, Use, Retain and Disclose Personal Information

The authorization provided below will permit the Ministry of Labour, Immigration, Training, and Skills Development (MLITSD), the ministry responsible for administering the OINP, to collect, use, retain, and disclose my personal information as might be required in connection with my participation in the OINP. I understand that, in the authorization below, the term “personal information” has the same meaning as under the *Freedom of Information and Protection of Privacy Act*, and includes the personal information contained in this application, which for greater certainty includes any expression of interest (EOI) personal information I submitted, and in any subsequent communication with MLITSD, whether provided by me or through my representative.

1. I authorize MLITSD to collect, use, retain and disclose my personal information for the purposes of processing, assessing and verifying this application, and for statistical and program evaluation purposes.
2. I authorize MLITSD to disclose my personal information to other ministries of the Government of Ontario for the purposes of processing, assessing and verifying this application, and authorize such other ministries to collect my personal information for these purposes. Likewise, I authorize other ministries of the Government of Ontario to disclose my personal information to MLITSD for these purposes, and authorize MLITSD to collect my personal information from such other ministries for these purposes.
3. I authorize MLITSD to disclose my personal information to officials administering immigration programs within the Government of Canada for the purposes of processing, assessing and verifying this application and nominating me for permanent residence, and authorize such officials to collect my personal information from MLITSD for these purposes. Likewise, I authorize such officials within the Government of Canada to disclose my personal information to MLITSD for these purposes, and authorize MLITSD to collect my personal information from such officials within the Government of Canada for these purposes.
4. I authorize MLITSD to disclose my personal information to any Canadian law enforcement agency for the purposes of processing, assessing and verifying this application and for program integrity purposes, including any compliance or enforcement activities authorized under the *Ontario Immigration Act, 2015*, or any other relevant federal or provincial statute and authorize such law enforcement agencies to disclose my personal information to MLITSD for these purposes, and authorize MLITSD to collect my personal information from such law enforcement agencies for these purposes.
5. I authorize MLITSD to disclose my personal information to other Canadian provincial and municipal governments for the purposes of processing, assessing and verifying this application, and authorize such governments to collect my personal information for the same purpose. Likewise, I authorize such governments to disclose my personal information to MLITSD for these purposes, and authorize MLITSD to collect my personal information from such governments for these purposes.
6. I authorize MLITSD to contact any individuals, academic institution, or businesses referenced in this application or otherwise provided to MLITSD for the purposes of processing, assessing and verifying this application, and to collect any additional related personal information for these purposes. I authorize any such individuals, academic institution, or businesses to provide such verification or additional information to MLITSD for these purposes.
7. If my application is based on a job offer under an OINP job offer stream, I authorize MLITSD to inform my employer if the approval of my application for a certificate of nomination is refused or cancelled and of the date of same.

II. Authorization for the Purposes of Quality Assurance and Program Evaluation

I authorize MLITSD to use my personal information provided in connection with this application to determine how my potential nomination meets OINP's objectives, as well as to compile statistical information about the OINP and to evaluate its success.

In the event I receive OINP's nomination for permanent residence, I consent to being contacted by MLITSD, for up to five years after nomination, concerning my participation in the OINP. I agree to participate in such follow-ups, which may occur at different intervals (e.g., eight months, or one, three and five years after nomination), and that these follow-ups will examine whether and how such nomination satisfies the OINP's policy objectives.

III. Freedom of Information and Protection of Privacy Act Notice of Collection

MLITSD is subject to the *Freedom of Information and Protection of Privacy Act* (FIPPA). All information collected in this application is necessary for the OINP's proper administration, including to process this application. The OINP is authorized under the *Ontario Immigration Act, 2015*. Any personal information collected by MLITSD in connection with this application will be used for the purposes of ensuring the OINP's proper administration, including processing, assessing and verifying this application for nomination for permanent residence, as well as for program integrity, evaluation, and statistical purposes. In this application, personal information has the same meaning as under FIPPA. Questions about the collection may be directed to the FIPPA Coordinator, Ontario Immigrant Nominee Program, 400 University Ave., Toronto ON M7A 2R9, telephone: 416-327-0374.

Applicant

I have read, I understand, and I agree with all of the above authorizations and Notice of Collection. *

Name (First and Last Name) *	Signature *	Date (yyyy/mm/dd) *
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Accompanying Spouse or Common Law Partner (if applicable)

I have read, I understand, and I agree with all of the above authorizations and Notice of Collection.

Name (First and Last Name)	Signature	Date (yyyy/mm/dd)
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Dependent aged 16 and over (if applicable)

I have read, I understand, and I agree with all of the above authorizations and Notice of Collection.

Name (First and Last Name)	Signature	Date (yyyy/mm/dd)
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Dependent aged 16 and over (if applicable)

I have read, I understand, and I agree with all of the above authorizations and Notice of Collection.

Name (First and Last Name)	Signature	Date (yyyy/mm/dd)
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Dependent aged 16 and over (if applicable)

I have read, I understand, and I agree with all of the above authorizations and Notice of Collection.

Name (First and Last Name)	Signature	Date (yyyy/mm/dd)
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Schedule C: Authorizations Concerning Representatives (Accompanying Spouse/Common-Law Partner and Dependents aged 16 and over)

If applicable, your accompanying spouse or common-law partner and any dependents aged 16 and over must read and sign this Schedule C to acknowledge his or her agreement before you can submit your application to the Ontario Immigrant Nominee Program (OINP).

Authorization Concerning Representatives

For the purposes of appointing or cancelling a representative, I authorize and appoint the applicant to make or cancel such an appointment on my behalf for purposes of submitting any personal or other information to the OINP and for any related OINP purposes. I further authorize the applicant to cancel the appointment of a representative on my behalf. I understand that, in the event the applicant cancels a representative, that representative will no longer to be my representative.

Accompanying Spouse or Common Law Partner (if applicable)

I have read, understand, and agree with the above authorization.

Name (First and Last Name)	Signature	Date (yyyy/mm/dd)

Dependent aged 16 and over (if applicable)

I have read, understand, and agree with the above authorization.

Name (First and Last Name)	Signature	Date (yyyy/mm/dd)

Dependent aged 16 and over (if applicable)

I have read, understand, and agree with the above authorization.

Name (First and Last Name)	Signature	Date (yyyy/mm/dd)

Dependent aged 16 and over (if applicable)

I have read, understand, and agree with the above authorization.

Name (First and Last Name)	Signature	Date (yyyy/mm/dd)

Schedule D: Authorization Concerning Taxpayer Information

Pursuant to subsection 241(5) of the *Income Tax Act* (Canada), I hereby authorize officials of the Canada Revenue Agency (CRA) to disclose my taxpayer information to officials of Ontario's Ministry of Finance (MOF) for the purposes of validating the authenticity of my application and verifying my eligibility for a certificate of nomination under the *Ontario Immigration Act, 2015* (OIA). This includes validating any supporting CRA tax documents submitted during my application process, including T4s and Notices of Assessment. I authorize the MOF to confirm if any and all tax information submitted with my application is accurate, correct and not misleading and inform officials of Ontario's Ministry of Labour, Immigration, Training and Skills Development (MLITSD). For greater certainty, MOF officials are not authorized to provide my taxpayer information (provided by the CRA) to MLITSD officials.

I understand that this consent will remain in effect until it is withdrawn, that it can be withdrawn in writing at any time by sending an email to ontarionominee@ontario.ca, and that if the consent is withdrawn, this may negatively affect my application for a certificate of nomination under the OIA.

Applicant

I have read, understand, and agree with the above authorization and consent. *

Name (First and Last Name) *

Signature *

Date (yyyy/mm/dd) *