|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** | a | **Last Name:** | a |
| **Phone:** | a | **Email:** | a |
| **Address:** | a | **Date of Birth: (i.e.: Jan 30,1980)** | a |
| **City:** | a | **SIN:** | a |
| **Prov:** | a | **Postal Code:** | a |

“I, , (applicant) authorize the Office of Pierre Poilievre M.P. to have access to information relating   
to OAS/CPP/QPP(i.e. CPP, EI, etc.) and discuss this   
with (applicant/inquirer).”

X 1 X 1

Applicant Signature Date

Additional Information:

a