|  |  |  |  |
| --- | --- | --- | --- |
| **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:

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