



**PIERRE
POILIEVRE MP**
REAL RESULTS. FOR YOU.

Immigration Inquiry Form

MP Office Internal Case
Reference Number: #

Inquirer

First Name: _____ Last Name: _____
Phone: _____ Email: _____
Address: _____ City: _____
Prov: _____ Postal Code: _____
Relationship with Applicant: _____

Applicant

Application type: _____ Sex: Male Female
First Name: _____ Last Name: _____
Date of Birth: _____ Country of Birth: _____
(i.e.: Jan 30,1980)
Country of File Number
Citizenship: _____ and/or Client ID: _____

Consulate/Office where application was submitted: _____

Authorization (To be completed by the applicant)

“I, _____, (applicant) authorize the office of Pierre Poilievre M.P. to have access to information relating to my immigration case and discuss this with _____ (inquirer/sponsor).”

X _____

Applicant Signature

X _____

Date

Please fax your completed form to 613.692.3303

- or -

Email a scanned and signed copy to pierre.poilievre.a3@parl.gc.ca