

CALGARY CONFEDERATION CONSENT FORM

Date: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone (Work): _____ Phone (Home): _____

Cellular: _____ Email: _____

Contact/Representative or supporting person(s)/organization (if applicable):

For Immigration Inquiries: Please provide all relevant information below:

Client Number (UCI): _____

Application #: _____

Full Name of Applicant: _____

Date of Birth of Applicant: _____ (dd / mm/ yy) _____

Place of Birth of Applicant: _____

Passport Number: _____

Country that issued Passport: _____

Consulate Location: _____

Date Application Filed: _____ (dd / mm/ yy) _____

Background: (Please provide a brief description of the issue – when it started, what’s been done to resolve it – e.g. other parties that have been working on it):

Supporting Documentation: (Please provide any documents – not originals – Mr. Webber may need to solve this issue – e.g. letters, notices, case info. etc.) List documents here:
