



Authorization to Disclose

For the purposes of representing me before the Pension Appeals Board, I, _____
(Name)
give the Pension Appeals Board permission to communicate and give information in relation to my appeal
before the Pension Appeals Board to the following representative:

Representative's Name: _____

Address: Apt., Street No, Street: _____

City: _____ Province: _____

Country: _____

Postal Code: _____

Telephone Number: _____

Fax Number (if applicable): _____

E-mail (if applicable): _____

Signature

Date

Representative's Signature

Date

Mailing Address: P.O. Box 8567, Station "T", Ottawa, Ontario, K1G 3H9
Adresse postale : C.P. 8567, Succursale «T», Ottawa (Ontario) K1G 3H9