

ANNEX B
AIR INDIA FLIGHT 182 EX GRATIA PAYMENT
APPOINTMENT OF DESIGNATED REPRESENTATIVE
AND CONSENT OF FAMILY MEMBER

INSTRUCTIONS

To be completed by each family member applying for an *Air India Flight 182 Ex Gratia Payment* (as named in Annex A - *Air India Flight 182 Ex Gratia Payment Family Relationship Information*) using a Designated Representative.

FAMILY MEMBER

FIRST NAME

FAMILY NAME

APPOINTMENT OF DESIGNATED REPRESENTATIVE AND CONSENT OF FAMILY MEMBER

I, _____,
 (Printed Name of family member)

hereby appoint _____
 (Printed Name of Applicant (Designated Representative))

to be my agent and designated representative for the purpose of claiming and receiving on my behalf, any Air India Flight 182 *Ex Gratia* Payment(s) to which I may be entitled. This appointment shall be and remain in full force for all matters related to the Air India Flight 182 *Ex Gratia* Payment unless I notify Service Canada in writing.

I, the undersigned, do consent to:

- i) the collection and use by Department of Human Resources and Skills Development (Service Canada) and Public Safety Canada of the personal information contained in the Air India Flight 182 *Ex Gratia* Payment application for the purpose of this *ex gratia* payment;
- ii) the subsequent disclosure of the personal information submitted for the purpose of verifying my identity and/or familial relationship to the victim and/or issuance of the *ex gratia* payment.

SIGNATURE OF FAMILY MEMBER

DATE
 (yyyy/mm/dd)

SIGNATURE OF FIRST WITNESS (other than the designated representative)

DATE
 (yyyy/mm/dd)

SIGNATURE OF SECOND WITNESS (second witness signature only required where family member signs with an "X").

DATE
 (yyyy/mm/dd)

UNDERTAKING AND DECLARATION OF DESIGNATED REPRESENTATIVE

I hereby declare that the family member has made this appointment willingly and understands that by so doing, any Air India Flight 182 *Ex Gratia* Payment(s) to which he/she is entitled to will be paid to me for distribution as agreed to by the family members themselves.

I have also advised the family member that I have identified _____ as the designated alternate payee should I be incapable of receiving the payment at the time of issuance.

I declare that the information provided on this form, the Application Form – *Air India Flight 182 Ex Gratia Payment* and *Annex A- Air India Flight 182 Ex Gratia Payment Family Relationship Information* is complete and true to the best of my knowledge and belief.

SIGNATURE OF DESIGNATED REPRESENTATIVE

DATE
(yyyy/mm/dd)

The personal information provided in this application is collected under the authority of the *Order Respecting Air India Ex Gratia Payment* (2011-1238) and the *Order Respecting Ex-Gratia Payment program - Air India Flight 182* (2011-1254) and is protected, used and disclosed under the *Privacy Act* and other federal legislation, including the *Department of Social Development Act* and the *Department of Human Resources and Skills Development Act*. Providing this information is voluntary and not required by law. However, if this information is not provided, an application cannot be processed and no *ex gratia* payment can be issued.

Information will be collected and stored in a personal information bank and will be accessible to the applicant upon request. (For Public Safety Canada, Personal Information Bank No. PS PPU 50, for Department of Human Resources and Skills Development (Service Canada) Personal Information Bank No. HRSDC PPU 702 and for Public Works and Government Services Personal Information Bank No. PWGSC PCU 712).

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