





# CIRA MEMBERSHIP CONFIRMATION


## for Individuals (Guarantor)

### General Information and Instructions

*Aussi disponible en français*

<i>Completing this form</i>	<i>Where to send this form</i>
<div style="display: flex; align-items: flex-start;">  <div> <p><b>CHECKLIST:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> You must complete the “Registrant Declaration” section of this form</li> <li><input type="checkbox"/> The Guarantor must complete the “Declaration of the Guarantor” section of this form</li> <li><input type="checkbox"/> Ensure that both sections of this form are signed and dated before sending it to CIRA</li> </ul> </div> </div>	<div style="display: flex; flex-direction: column; gap: 20px;"> <div style="display: flex; align-items: flex-start;">  <div> <p><b>Email:</b>  <a href="mailto:member.services@cira.ca">member.services@cira.ca</a></p> <p><b>Fax:</b>            1-800-285-0517</p> </div> </div> <div style="display: flex; align-items: flex-start;">  <div> <p><b>Mail:</b>            CIRA            350 Sparks St., Suite 306            Ottawa, ON K1R 7S8</p> </div> </div> <div style="display: flex; align-items: flex-start;">  <div> <p><b>Need Help?</b>            Call us between            8:30 am and 4:30 pm (ET),            Monday – Friday, at            1-877-913-5335</p> </div> </div> </div>

<i>Eligible Guarantor</i>
<p>A guarantor is a person other than yourself who confirms your identity.            Your guarantor must:</p> <ul style="list-style-type: none"> <li>- be 18 years of age or older;</li> <li>- Have known you personally for at least <u>TWO(2)</u> years*;               <ul style="list-style-type: none"> <li>*Note: To know you personally means that the guarantor is able to confirm the information you provided in your CIRA Member Declaration.</li> </ul> </li> <li>- Provide the requested information in the Declaration of Guarantor Form;</li> <li>- Be accessible to CIRA for verification.</li> </ul> <p>A family member or person residing at the same address as you may be a guarantor, provided that he or she meets the specified requirements.</p> <p>CIRA reserves the right to request an alternative guarantor.</p>

<i>Protection of Information</i>	
	<p>Personal information provided on this form is protected and used in accordance with the <a href="#">CIRA Privacy Policy</a>.</p>



# CIRA MEMBERSHIP CONFIRMATION

## for Individuals (Guarantor)

### Declaration of the Guarantor

<i>Personal information of the Guarantor</i>																							
Last name:						First name:																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>																							
Address of firm or organization (street number and name):																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td><td style="width: 25%; border: 1px solid black;"> </td><td style="width: 25%; border: 1px solid black;"> </td><td style="width: 25%; border: 1px solid black;"> </td> </tr> </table>																							
City:			Province:			Country:			Postal code:														
Phone number (with area code):						Email address:																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>																							

<i>Registrant's photo identification</i>																										
Last name on identification:						First name on identification:																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>																										
Date shown to Guarantor:																										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; font-size: small;">YYYY</td> <td style="width: 25%; text-align: center; font-size: small;">MM</td> <td style="width: 25%; text-align: center; font-size: small;">DD</td> </tr> </table>			YYYY	MM	DD	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>																				
YYYY	MM	DD																								
Description of photo identification:																										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>																										

<b>Declaration, authorization and direction of the Guarantor</b>																										
<p>I do hereby declare that;</p> <p>a) I was personally present on the date shown to guarantor listed above, at the location described above, where the CIRA Member produced and showed to me a document, as listed in the above field "Description of photo identification";</p> <p>b) the photo on the document described above is a true likeness of the CIRA Member;</p> <p>c) the name of the CIRA Member, subscribed as the person executing the "CIRA Member Declaration" was personally hand-written by the CIRA Member;</p>						<p>d) the CIRA Member is personally known to me for at least 2 years; and</p> <p>e) all the information set out in this declaration, authorization and direction is a true and accurate statement of the facts contained herein.</p>																				
						Guarantor's signature:																				
						Date:			Signed at:																	
						<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; font-size: small;">YYYY</td> <td style="width: 25%; text-align: center; font-size: small;">MM</td> <td style="width: 25%; text-align: center; font-size: small;">DD</td> </tr> </table>			YYYY	MM	DD	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td><td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>														
YYYY	MM	DD																								
						2   0			City																	