



**IMMIGRANT APPLICATION FORM - BUSINESS
(APPLICATION FOR PERMANENT RESIDENCE IN CANADA)**

Date of receipt stamp at post

Indicate your choice of language:

For correspondence	For interview
<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> English <input type="checkbox"/> French

FOR OFFICE USE ONLY

Office file number (or IMM 1343 Case Label)

I AM The principal applicant **OR** A dependant aged 18 years or older

IF YOU ARE THE APPLICANT ARE YOU: An entrepreneur Self-employed An investor

NOTE: ALL PERSONS AGE 18 YEARS OR OLDER MUST COMPLETE THIS FORM.

PART A PERSONAL DETAILS

1 a) My family name (surname) is:		b) Given name(s):	
c) My full name written in my native language or script (for example, Arabic, Cyrillic, Chinese, Korean, Japanese characters or Chinese commercial code) is:			
2 All other names I have used including name(s) before marriage (if applicable):			3 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
4 Height CM or Feet Inches		5 Eye colour <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Hazel (yellowish brown) <input type="checkbox"/> Other _____	
6 a) My date of birth is: Day Month Year		b) Place of birth (city or town)	c) Country of birth
		7 I am a citizen of:	
8 a) My mailing address is:		b) Telephone number	d) My current residential address is:
		c) Facsimile number	
9 a) My present marital status is: <input type="checkbox"/> Never married <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled marriage		b) I have been married more than once: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", state number of times <input type="checkbox"/> _____	
10 a) My passport number is		b) Country of issue	c) Date of expiry Day Month Year
		d) Identity card number	
11 a) Current occupation		b) My intended occupation in Canada is:	
12 Total years of formal education		13 Indicate your level of education <input type="checkbox"/> Secondary or less <input type="checkbox"/> Formal trade certificate/apprenticeship <input type="checkbox"/> Non-university certificate or diploma <input type="checkbox"/> Some university, but no degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Some post-graduate studies, but no degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Ph. D.	
		14 My native language is:	
15 Have you or has any one of the persons in question (16) PART A ever: (Check "Yes" or "No")			
A. Been convicted of or currently charged with a crime or offence in any country? <input type="checkbox"/> Yes <input type="checkbox"/> No		E. Whether in peace or war, have you ever been involved in the deportation of civilians or in the commission of a war crime or crime against humanity, such as: willful killing, torture, attacks upon, enslavement, starvation or other inhumane acts against civilians or prisoners of war? <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Previously sought refugee status in Canada or applied for an immigrant or visitor visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		F. Used, planned or advocated or been associated with a group that used, uses or advocated the use of armed struggle or violence to reach political, religious or social objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Been refused refugee status in, or an immigrant or visitor visa to, Canada or any other country, or have been refused a CSQ to Quebec? <input type="checkbox"/> Yes <input type="checkbox"/> No		G. Been detained or incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Been refused admission to, or ordered to leave, Canada or any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No		H. Had any serious disease or physical or mental disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the answer to any of the above is "Yes", provide details here: _____ _____ _____ _____			



PERSONAL DETAILS OF ALL MY DEPENDENTS WHETHER ACCOMPANYING ME OR NOT (If you require additional space, attach separate sheet.)

16	Spouse	Dependant 1	Dependant 2	Dependant 3
Family name				
Given name(s)				
Date of birth	Day Month Year	Day Month Year	Day Month Year	Day Month Year
Height				
Eye colour				
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth (city or town)				
Country of birth				
Country of residence				
Country of citizenship				
Marital status (Use one of the categories listed in 9a)				
Relationship to me	SPOUSE			
Will accompany me to Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport number ▶				
Country of issue ▶				
Date of expiry ▶	Day Month Year	Day Month Year	Day Month Year	Day Month Year
Identity card number				
Current occupation				
Years of formal education				
Level of education attained (Use categories in 13)				
Fluent in English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fluent in French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Native language				

17 **PRINCIPAL APPLICANT:** Attach an envelope containing photographs of yourself and each person listed in Item 16, as requested in Appendix C of the kit.

ALL PHOTOGRAPHS MUST HAVE BEEN TAKEN WITHIN THE PAST 6 MONTHS AND MUST BE IDENTIFIED BY WRITING THE PERSON'S NAME AND DATE OF BIRTH ON THE BACK OF THE PHOTOGRAPH.

FOR OFFICIAL USE ONLY

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Name of applicant/dependent completing form

PART B SKILLS AND QUALIFICATIONS

1 LANGUAGE									
ABILITY IN ENGLISH:					ABILITY IN FRENCH:				
SPEAK	<input type="checkbox"/> Fluently	<input type="checkbox"/> Well	<input type="checkbox"/> With difficulty	<input type="checkbox"/> Not at all	SPEAK	<input type="checkbox"/> Fluently	<input type="checkbox"/> Well	<input type="checkbox"/> With difficulty	<input type="checkbox"/> Not at all
READ	<input type="checkbox"/> Fluently	<input type="checkbox"/> Well	<input type="checkbox"/> With difficulty	<input type="checkbox"/> Not at all	READ	<input type="checkbox"/> Fluently	<input type="checkbox"/> Well	<input type="checkbox"/> With difficulty	<input type="checkbox"/> Not at all
WRITE	<input type="checkbox"/> Fluently	<input type="checkbox"/> Well	<input type="checkbox"/> With difficulty	<input type="checkbox"/> Not at all	WRITE	<input type="checkbox"/> Fluently	<input type="checkbox"/> Well	<input type="checkbox"/> With difficulty	<input type="checkbox"/> Not at all

2 EDUCATION			
My education (indicate number of years of school successfully completed):			
<input type="text"/> Years of elementary/ primary school	<input type="text"/> Years of secondary/ high school	<input type="text"/> Years of university/ college	<input type="text"/> Years of formal apprenticeship/training

3 DETAILS OF MY POST SECONDARY EDUCATION (including university, college and apprenticeship training)				
Dates		Name of institution	City and country	Type of certificate or diploma issued
From	To			
M	Y	M	Y	

4 MY WORK HISTORY SINCE MY 18th BIRTHDAY (Continue on a separate page if necessary)						
Dates		Name of employer (Write name in full; do not use abbreviations)	City and country	My occupation	Part time (✓)	Gross monthly salary
From	To					
M	Y	M	Y			

5 My contact address in Canada is:

6 Destination in Canada	7 How much money will you bring with you? (Amount in Part H, 5d)
a) City or town	\$
b) Province	

8 SINCE MY 18th BIRTHDAY I HAVE LIVED AT THE FOLLOWING ADDRESSES				
Dates		Street and number	City or town	Country
From	To			
M	Y	M	Y	

PART E BUSINESS OWNERSHIP / PERFORMANCE SUMMARY
 (PLEASE COMPLETE ONE FORM PER BUSINESS)

1 Name of business (Complete in full)

2 Type of ownership: If Sole Proprietorship, date you became registered owner of the business

3 If partnership, identify partner and percentage (%) of ownership.

Name of partner(s)	Percentage (%) of ownership

* If more than 6 partners, please use a separate sheet of paper.

4 If Limited Company, identify directors and their percentage (%) of shareholding.

Name of partner(s)	Percentage (%) of shareholding

* If more than 6 directors, please use a separate sheet of paper.

YEAR	TURNOVER CDN\$	NET PROFIT CDN\$	LOSS CARRIED OVER CDN\$	TAXABLE PROFITS CDN\$	NUMBER OF FULL-TIME EMPLOYEES	NUMBER OF PART-TIME EMPLOYEES
Most recent operating year (eg. 1994/1995) _____/_____						
Previous year 1, (eg. 1993/1994) _____/_____						
Previous year 2, (eg. 1992/1993) _____/_____						
Previous year 3, (eg. 1991/1992) _____/_____						

PART G PERSONAL NET WORTH STATEMENT

1

A complete and current statement of your total personal net worth is required. All assets and liabilities must be identified. However, do not include personal items such as jewellery, furniture, etc., as the ownership of such items is difficult to verify.

All assets listed must be your own personal holdings and must be documented. The sources of any funds or assets in your possession for less than one year must be identified.

You may be asked to present financial documents to support the information provided in this statement.

ASSETS

2 BANK DEPOSITS

Current and Savings Accounts (Specify currency)				Current balance
Date opened			Account number	
Day	Month	Year		
TOTAL CDN\$				

Fixed deposits (Specify currency)							Current balance
Date of initial deposit			Maturity date				
Day	Month	Year	Day	Month	Year		
TOTAL CDN\$							

3 PROPERTY (Use a separate page if necessary)

Complete address	Year purchased	Mortgaged (✓)		Purchase price	Estimated current market value (Specify currency)
		Yes	No		
TOTAL CDN\$					

4 PUBLICLY TRADED STOCKS AND OTHER PASSIVE INVESTMENTS (Use a separate page if necessary)

Description	Quantity	Estimated current market value (Specify currency)
TOTAL CDN\$		

5 CANADIAN INVESTMENT FUND (INVESTOR APPLICANTS ONLY)

Name of fund	Date purchased			Amount currently invested
	Day	Month	Year	
TOTAL CDN\$				

PART H ASSETS (continued)

1 BUSINESS (Use a separate page if necessary)			
Name	% owned	Current book value (net assets)	Estimated current market value (Specify currency)
TOTAL CDN\$			

2 PENSION, PROVIDENT FUND AND OTHER ASSETS (Use a separate page if necessary)	
Description	Amount (Specify currency)
TOTAL CDN\$	

LIABILITIES

3 MORTGAGES (Use a separate page if necessary)		
Complete Address	Current balance	Estimated current market value (Specify currency)
TOTAL CDN\$		

4 PERSONAL DEBTS (such as SHAREHOLDER/DIRECTOR'S LOAN, CHILD SUPPORT, ALIMONY) (Use a separate page if necessary)	
Nature of Obligation	Amount (Specify currency)
TOTAL CDN\$	

5 NET WORTH	
Total assets PART G (2, 3, 4, 5) + PART H (1, 2)	CDN\$ _____
Less	LESS _____
Total liabilities PART H (3, 4)	CDN\$ _____
= NET WORTH	CDN\$ _____
Which is distributed as follows:	
a) Funds in my possession on my arrival in Canada	
b) Funds to transfer to Canada at a later date	
c) Funds already in Canada	
d) SUB-TOTAL (Report this amount in Part B, 7)	
e) Funds remaining abroad	
TOTAL CDN\$	
Exchange rate used: CDN\$ 1 = _____	

PART I

1 AUTHORITY TO DISCLOSE PERSONAL INFORMATION

- A. I understand that the Canadian Government will contact any government authority, including police, judicial and state authorities in all countries in which I have resided, to seek the release to the Canadian Government authorities of all records and information that they may possess on my behalf concerning any investigations, arrests, charges, trials, convictions and sentences. I understand that this information will be used to assist in evaluating my suitability for admission to Canada or remaining in Canada, pursuant to Canadian immigration legislation.
- B. I understand that the Canadian Government will release, as necessary, any personal financial information or corporate financial information of which I am the proprietor to the appropriate government authorities of the province of my destination. I understand that this information will be used to assist in evaluating my suitability for admission to Canada or remaining in Canada, pursuant to Canadian immigration legislation.
- C. I also authorize the release of information from my Immigration records to: (check one or more)

- The individual named hereinafter: _____
(Name of individual)
- My sponsor
- My representative in Canada (if any)

Name of individual

Name of firm

Day	Month	Year

Signature of applicant

Date

2 DECLARATION OF APPLICANT

- I declare that the information I have given in this application is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.

Signature of applicant

Day	Month	Year

Date

DO NOT COMPLETE THE FOLLOWING SECTION NOW. YOU MAY BE ASKED TO SIGN IN THE PRESENCE OF A REPRESENTATIVE OF THE CANADIAN GOVERNMENT OR AN OFFICIAL APPOINTED BY THE CANADIAN GOVERNMENT.

3 SOLEMN DECLARATION

I, _____, solemnly declare that the information I have given in the foregoing application is truthful, complete and correct, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of applicant

INTERPRETER DECLARATION

I, _____, do solemnly declare that I have faithfully and accurately interpreted in the _____ language the content of this application and any related forms to the person concerned.

I have been informed by the person concerned, and I do verily believe, that he/she completely understands the nature and effect of these forms, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as is made under oath.

Signature of interpreter

Declared before me at _____ this _____ day of _____ of the year | | | | | _____
Signature of the official of Government of Canada

The information you provide on this form is collected under the authority of the *Immigration Act* and will be used for the purpose of assessing your application for permanent residence in Canada. This information will be retained in the Personal Information Bank EIC PPU 015 entitled Immigrant Case File. Under the provisions of the *Privacy Act* and the *Access to Information Act*, individuals have the right to protection of and access to their personal information. Instructions for obtaining information are provided in InfoSource, a copy of which is located in all Citizenship and Immigration Offices.