



APPLICATION TO CHANGE TERMS AND CONDITIONS OR EXTEND MY STAY IN CANADA

(NOTE: This form can be used to request/apply for more than one of the below for yourself or your family members. Payment of fees does not guarantee approval of the application.)

I AM APPLYING FOR: **"A"** Extension of Visitor / Tourist Status **"B"** Student Authorization or Extension **"C"** Employment Authorization or Extension **"D"** Extension of Minister's Permit **"E"** Reinstatement of Visitor Status

I want service in English French

Client ID Number

A - PERSONAL INFORMATION

1 Surname (Family name)		Given name(s)	
Other name(s) used			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth D M Y	Place of birth (City, state/province and country)		
Citizenship	Passport number	Expiry date D M Y	Date of issue D M Y
Country of last permanent residence		<input type="checkbox"/> Since birth <input type="checkbox"/> Since the year	
MARITAL STATUS <input type="checkbox"/> Never married <input type="checkbox"/> Married		If you are married, is your spouse a Canadian citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Complete residential address in Canada		Complete mailing address in Canada (if different from residential address)	
No. and street		No. and street	
Apt./Unit		Apt./Unit	
City/Town		City/Town	
Province		Province	
Postal code		Postal code	
Home telephone number:	Area code	Fax number:	Area code
Telephone number in Canada for messages:		Area code	

B - MY FAMILY MEMBERS IN CANADA

2 Surname (Family name)		Given name(s)		Relationship
Date of birth D M Y	Country of birth	Country of last permanent residence	Citizenship	
Passport number	Expiry date D M Y	Date of issue D M Y	Type(s) of document requested <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None	
3 Surname (Family name)		Given name(s)		Relationship
Date of birth D M Y	Country of birth	Country of last permanent residence	Citizenship	
Passport number	Expiry date D M Y	Date of issue D M Y	Type(s) of document requested <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None	
4 Surname (Family name)		Given name(s)		Relationship
Date of birth D M Y	Country of birth	Country of last permanent residence	Citizenship	
Passport number	Expiry date D M Y	Date of issue D M Y	Type(s) of document requested <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None	

5 Surname (Family name)			Given name(s)			Relationship		
Date of birth	Country of birth		Country of last permanent residence			Citizenship		
Passport number	Expiry date		Date of issue			Type(s) of document requested		
						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None		
6 Surname (Family name)			Given name(s)			Relationship		
Date of birth	Country of birth		Country of last permanent residence			Citizenship		
Passport number	Expiry date		Date of issue			Type(s) of document requested		
						<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None		

C - COMING INTO CANADA

7 Original entry to Canada			Date			8 Most recent entry to Canada (if not the same as original entry)			Date		
Place (city, province)			D M Y			Place (city, province)			D M Y		

9 My original reason for coming to Canada:

D - MY REQUEST

10 I want to: extend my stay in Canada until extend the stay of my family members in Canada until AND / OR change terms and conditions

for the following reasons (Give complete details):

11 To support myself in Canada:

I have \$ _____ (Canadian dollars) available.

I receive support from: Self Relative Friend General Welfare Assistance Other

Other details:

E - ADDITIONAL INFORMATION

<p>12 If you or your dependants</p> <ul style="list-style-type: none"> • remained beyond the validity of your status • attended school without permission • worked without permission <p>please give the reasons and circumstances concerning the situation(s):</p>	
<p>13 Have you or any of your dependants in Canada ever been convicted of or charged with a crime or offence in any country? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", give details on a separate sheet (name, date and place of charge; name, date and place of conviction, offence, sentence).</p>	<p>14 Have you or any of your dependants in Canada suffered from any serious mental or physical illness? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", give details on a separate sheet (name, name of illness, period of illness, treatment received).</p>

F - PHOTOGRAPHS - REQUIRED ONLY IF YOU ARE APPLYING FOR EXTENSION OF YOUR MINISTER'S PERMIT

Staple two (2) recent passport-size photographs of yourself and each dependant in Canada to this form. Print the name and date of birth of the person on the back of each photograph.

STAPLE PHOTOS HERE
(DO NOT USE GLUE)

G - AUTHORITY TO DISCLOSE

<p>I give consent to release all information to the following: Name _____</p>	<p>Telephone number Area code _____</p>	<p>Fax number Area code _____</p>
---	---	---------------------------------------

H - DECLARATION OF APPLICANT

IMPORTANT: YOU MUST READ AND SIGN THIS SECTION

I declare that the information I have given in this application is truthful, complete and correct. I understand that any statement or concealment of a material fact may result in my removal from Canada.

<p>_____</p> <p style="text-align: center;">Signature of applicant</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Day</td> <td style="width:33%; text-align: center;">Month</td> <td style="width:33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ _ </td> </tr> <tr> <td colspan="3" style="text-align: center;">Date</td> </tr> </table>	Day	Month	Year	_	_	_ _	Date		
Day	Month	Year								
_	_	_ _								
Date										

FOR OFFICIAL USE ONLY

CANADA IMMIGRATION DECISION ▶

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Request as detailed above is approved | <input type="checkbox"/> Request with changes approved | <input type="checkbox"/> Request refused | <input type="checkbox"/> Interview required | <input type="checkbox"/> A 27(2) report |
|--|--|--|---|---|

<p>Comments</p> <p>_____</p> <p style="text-align: center;">Signature of Immigration Officer</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Day</td> <td style="width:33%; text-align: center;">Month</td> <td style="width:33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ _ </td> </tr> <tr> <td colspan="3" style="text-align: center;">Date</td> </tr> </table>	Day	Month	Year	_	_	_ _	Date		
Day	Month	Year								
_	_	_ _								
Date										

THE INFORMATION YOU PROVIDE ON THIS DOCUMENT IS COLLECTED UNDER THE AUTHORITY OF THE *IMMIGRATION ACT* TO DETERMINE WHETHER THE TERMS AND CONDITIONS OF YOUR STAY SHOULD BE CHANGED OR WHETHER YOU SHOULD BE GRANTED AN EXTENSION. THIS INFORMATION WILL BE STORED IN PERSONAL INFORMATION BANKS NUMBER EIC PPU 225, 295 OR 300; IT IS PROTECTED AND YOU HAVE THE RIGHT OF ACCESS TO IT UNDER THE *PRIVACY ACT*.