

IN CANADA APPLICATION FOR PERMANENT RESIDENCE

TYPE OF APPLICATION

(Place an "X" in the box which describes the type of application you are making)

- I AM APPLYING AS A:
- Live-in caregiver in Canada
 - Dependent 18 years of age or older of the above

FOR OFFICIAL USE ONLY	
ROLF	Client ID number
Amount paid	
Date Day Month Year	Client file number
Initials	Processing fees for dependents <input type="checkbox"/> Paid <input type="checkbox"/> Not paid

REFER TO THE INSTRUCTIONS FOR IMPORTANT INFORMATION ON HOW TO COMPLETE THIS FORM

EMPLOYMENT AUTHORIZATION (This section is not part of your Application for Permanent Residence)

Do you want an open employment authorization while your application is being processed? No Yes (Send the processing fee)

OR

Do you want to extend your current employment authorization? No Yes (Send the processing fee)

A PERSONAL INFORMATION

1 Surname (Family name as written in your passport)		Given name(s)		Middle name	
2 All other names (Include birth name, maiden name, previous married name(s), aliases and nicknames)					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 Date of birth Day Month Year		Place of birth City/Town		Province/State Country	
7 Citizen of (1) _____ (2) _____		8 Country of last permanent residence		9 Current Marital Status <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated (Check only one)	
10 Languages Speak Read Write			Mother tongue (Write the first language spoken at home)		
English <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French		
French <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Language (If an interview is necessary)		
11 Last time you entered Canada Day Month Year		Place			
12 Current address in Canada (No. and street)		Apt. no.		13 Mailing address <input type="checkbox"/> Same as in box 10 or	
City		City			
Province		Postal code		Province Postal code	
Home telephone number Area code Number		14 Alternate telephone no. for messages Area code Number		15 Fax no. Area code Number	

B MY DEPENDENTS IN CANADA

1 NAMES OF DEPENDENTS	2 RELATIONSHIP	3 DATE OF BIRTH Day Month Year	4 TYPE	5 COUNTRY OF BIRTH	6 CITIZENSHIP	7 LANGUAGE
1. Surname			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> ENG. <input type="checkbox"/> FR. Mother tongue
Given name(s)						
2. Surname			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> ENG. <input type="checkbox"/> FR. Mother tongue
Given name(s)						
3. Surname			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> ENG. <input type="checkbox"/> FR. Mother tongue
Given name(s)						

C MY DEPENDENTS LIVING ABROAD

1	2	3	4	5	6
SURNAME (Family name) OF DEPENDENTS	GIVEN NAME(S) OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH Day Month Year	TYPE OF DEPENDENT CHILD A B C	WANTS TO IMMIGRATE TO CANADA NOW Yes No
1.				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No

Address of spouse ▶ | Apt. no. |
 City | Country | Postal code | Telephone ▶ | Area code | No. |

Address of children ▶ Same as spouse OR ▶ Name of guardian | Apt. no. |
 No. & street | City | Country | Postal code | Telephone ▶ | Area code | No. |

D PASSPORT/TRAVEL DOCUMENT (Please provide details of passport/travel document for yourself and any dependents in Canada)

NAME ON DOCUMENT	TYPE OF DOCUMENT	COUNTRY OF ISSUE	DATE OF ISSUE			EXPIRY DATE			SERIAL NUMBER
			Day	Month	Year	Day	Month	Year	
Yourself									
Your dependents in Canada									
1.									
2.									
3.									
4.									
5.									
6.									

E MY EDUCATION (Indicate the number of years you have successfully completed at each level)

Years of elementary/primary school ▶ | Years of secondary/high school ▶ | Years of university/college ▶ | Years of formal apprenticeship/training ▶

F MY POST SECONDARY EDUCATION Print the information requested for each course of instruction you have completed since secondary school. Begin with the most recent course completed.

DATES		NAME OF INSTITUTION (Including apprenticeship/training)	CITY/ PROVINCE/STATE/ COUNTRY	TYPE OF CERTIFICATE OR DIPLOMA ISSUED
From M Y	To M Y			

G MY WORK HISTORY FOR THE PAST 10 YEARS

Are you employed? Yes No ▶ Are you receiving social assistance? Yes (provide details) No ▶ How are you supporting yourself? Be specific.

You must list every job and/or period of unemployment for the past ten years. Start with your most recent job. Any job(s) in Canada should be listed first. Then, list your job(s) in other countries. If you were unemployed, you must list that period of time.
Your forms will be returned if there is any period of time that you do not list where you worked, or if you were unemployed or attending school.

DATES		NAME OF COMPANY/EMPLOYER WHERE I WORKED If self-employed, write self-employed; if unemployed, write unemployed (Write name in full, do not use abbreviations)	CITY/ PROVINCE/STATE/ COUNTRY	MY OCCUPATION (Or unemployed)
From M Y	To M Y			

H MY INTENDED OCCUPATION

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I ADDRESSES OF THE PLACES WHERE I HAVE LIVED FOR THE PAST 10 YEARS

Print the information requested for each address you have had in the past ten years. Begin with your most recent address. You must put down every address no matter how short a period of time you stayed there. **Forms will be returned if there is any period of time for which you have not shown an address. Do not use post office (P.O.) box addresses. If no street number, explain why.**

DATES				STREET AND NUMBER (Do not use P.O. box address)	CITY OR TOWN	PROVINCE/ STATE/ DISTRICT	COUNTRY
From		To					
M	Y	M	Y				
							CANADA

J ORGANIZATIONS I HAVE BELONGED TO

Since my 18th birthday, I have been (or still am) a member of or associated with the following political, social, youth, student or vocational organizations, including trade unions and professional associations and any military service. (If you did not or do not belong to any organizations, print "I did not or do not belong to any organizations.") **Forms will be returned if full name of organization is not used.**

DATES				NAME AND ADDRESS OF ORGANIZATION (Do not use abbreviations)	TYPE OF ORGANIZATION (Do not use abbreviations)
From		To			
M	Y	M	Y		

K MY PARENTS

Father's surname (Family name)				Given name(s)				
Date of birth (Or age)	Day	Month	Year	Country of birth	Current country of residence (or date of death)	Day	Month	Year
Mother's surname (Family name) before marriage				Given name(s)				
Date of birth (Or age)	Day	Month	Year	Country of birth	Current country of residence (or date of death)	Day	Month	Year

L PHOTOGRAPHS

Attach an envelope containing two (2) recent photographs of yourself and each dependent in Canada to this form.	
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	
<div style="display: flex; justify-content: space-between;"> ┌ └ </div> <div style="display: flex; justify-content: space-between; margin-top: 100px;"> └ ┌ </div>	<div style="display: flex; justify-content: space-between;"> ┌ └ </div> <div style="display: flex; justify-content: space-between; margin-top: 100px;"> └ ┌ </div>

M QUESTIONS FOR APPLICANT

Have **you or any of your dependents in Canada or abroad:** Yes / No

1. Been **convicted** of a crime or offence in Canada for which a pardon has not been granted under the *Criminal Records Act of Canada*? ▶
2. Been **convicted** of a crime or offence in another country? ▶
3. Been **charged** or may be charged for a crime or offence in Canada or any other country? ▶
4. Had or still have any **serious disease or mental or physical disorder**? ▶
5. Been refused an Immigrant or Visitor Visa to Canada or any other country? ▶
6. Been refused admission to, or ordered to leave Canada or any other country? ▶
7. In periods of either peace or war, been involved in the commission of a war crime or crime against humanity, such as: willful killing, torture, attacks upon, enslavement, starvation or other inhumane acts committed against civilians or prisoners of war; or deportation of civilians? ▶
8. Used, planned or advocated, or been associated with a group that used, uses, advocated or advocates, the use of armed struggle or violence to reach political, religious or social objectives? ▶
9. Been detained or incarcerated? ▶

If the answer to any of the above is "Yes" provide details here.

N DECLARATION

- 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 the refusal of my application and may be grounds for my prosecution or removal from Canada.
- Should my answers to any of the questions on this application form change at any time prior to my being granted permanent resident status in Canada I will report these changes to a Canada Immigration Centre or Call Centre.
- I understand all the above statements, having asked for and obtained an explanation on every point which was not clear to me.

Day	Month	Year

Date

SIGNATURE OF APPLICANT

O CONSENT

A. I understand that the Canadian Government will contact on my behalf any government authority, including police, judicial and state authorities in all countries in which I have resided, to obtain 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 whether or not I am admissible to Canada, pursuant to Canadian immigration law.

B. I also authorize the release of information from my Immigration records to: (check one or more or none)

My representative in Canada (if any): _____

Name of individual
Name of firm

Address (No. & street) Suite no.

City Province Postal code Telephone ▶ Area code No.

The individual named hereinafter: _____

(Name of individual)

Address (No. & street) Apt. no.

City Province Postal code Telephone ▶ Area code No.

Day	Month	Year

Date

SIGNATURE OF APPLICANT

The information you provide on this document is collected under the authority of the *Immigration Act* and is stored in Personal Information Bank Number EIC PPU 225. You have the right of access to it and to its protection under the *Privacy Act*.

WARNING: It is an offence under section 94 of the *Immigration Act* to knowingly make a false statement on this form.