



PROTECTED WHEN COMPLETED - B

FOR OFFICE USE ONLY

CLIENT ID NUMBER

IN CANADA APPLICATION FOR PERMANENT RESIDENCE

I AM APPLYING AS A: Convention refugee Post determination refugee claimant in Canada Dependent 18 years of age or older of either 1) or 2)

(Carefully follow the instructions while completing this form)

A PERSONAL INFORMATION

| | | | |
|--|----------------|--|--|
| 1 SURNAME (FAMILY NAME) | | GIVEN NAME(S) | |
| 2 ALL OTHER NAMES (Include maiden names, previous married name(s), aliases, nicknames) | | | 3 SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| 4 DATE OF BIRTH D M Y | PLACE OF BIRTH | | |
| 5 CITIZEN OF (1) (2) | | 6 COUNTRY OF LAST PERMANENT RESIDENCE <input type="checkbox"/> SINCE BIRTH <input type="checkbox"/> SINCE Year | |
| 7 MY PRESENT MARITAL STATUS (If more than one applies, please indicate e.g. divorced but now engaged) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED NUMBER OF TIMES <input type="checkbox"/> ANNULLED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ENGAGED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED | | 8 LANGUAGES SPEAK READ WRITE ENGLISH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FRENCH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| | | 9 MOST RECENT ENTRY TO CANADA DAY MONTH YEAR PLACE | |
| 10 MY HOME ADDRESS IS (No. and street) CITY PROVINCE POSTAL CODE HOME TELEPHONE NO. AREA CODE NUMBER () - | | 11 MY MAILING ADDRESS IS <input type="checkbox"/> SAME AS IN BOX 10, OR CITY: PROVINCE: POSTAL CODE | |
| 12 TELEPHONE NO. FOR MESSAGES AREA CODE NUMBER () - | | 13 INDICATE MOST CONVENIENT TIME TO REACH YOU BY TELEPHONE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| 14 I WANT TO APPLY FOR A (NOTE: THIS QUESTION IS NOT PART OF YOUR APPLICATION FOR LANDING IN CANADA) <input type="checkbox"/> STUDENT AUTHORIZATION <input type="checkbox"/> EMPLOYMENT AUTHORIZATION <input type="checkbox"/> VISITOR EXTENSION | | | |

B MY DEPENDANTS WHO ARE IN CANADA (IF YOU HAVE MORE THAN FIVE DEPENDANTS IN CANADA, ATTACH A SEPARATE SHEET OF PAPER)

| 1 LIST ALL YOUR DEPENDANTS IN CANADA | 2 RELATIONSHIP | 3 DATE OF BIRTH D M Y | 4 COUNTRY OF BIRTH | 5 INCLUDE IN APPLICATION? | 6 IMMIGRATION DOCUMENTS REQUIRED |
|--|----------------|--------------------------|--------------------|---|---|
| 1. SURNAME (FAMILY NAME) GIVEN NAME(S) | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> STUDENT <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> VISITOR |
| 2. SURNAME (FAMILY NAME) GIVEN NAME(S) | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> STUDENT <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> VISITOR |
| 3. SURNAME (FAMILY NAME) GIVEN NAME(S) | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> STUDENT <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> VISITOR |
| 4. SURNAME (FAMILY NAME) GIVEN NAME(S) | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> STUDENT <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> VISITOR |
| 5. SURNAME (FAMILY NAME) GIVEN NAME(S) | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> STUDENT <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> VISITOR |
| 7 LANGUAGES SPOKEN BY MY DEPENDANTS 1) 2) | | | | | |

C DEPENDANTS OUTSIDE CANADA

| 1 | NAMES OF DEPENDANTS | | 2 | 3 | DATE OF BIRTH | 4 | 5 | INCLUDE IN APPLICATION |
|----------|-----------------------|---------------|--------------|---|---------------|---|------------------|--|
| | SURNAME (FAMILY NAME) | GIVEN NAME(S) | RELATIONSHIP | D | M | Y | COUNTRY OF BIRTH | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 1. | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ADDRESS: | | | | | | | | |
| 2. | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ADDRESS: | | | | | | | | |
| 3. | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ADDRESS: | | | | | | | | |

D IDENTITY DOCUMENTS (PLEASE PROVIDE DETAILS OF YOUR IDENTITY DOCUMENT(S)) (SEE INSTRUCTION GUIDE FOR FURTHER INFORMATION)

| | NAME ON DOCUMENT | TYPE OF DOCUMENT | COUNTRY OF ISSUE | DATE OF ISSUE | | | EXPIRY DATE | | | SERIAL NUMBER |
|----|------------------|------------------|------------------|---------------|---|---|-------------|---|---|---------------|
| | | | | D | M | Y | D | M | Y | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |

E YOUR EDUCATION

| | | | |
|--------------------------------------|----------------------------------|-------------------------------|---|
| YEARS OF ELEMENTARY / PRIMARY SCHOOL | YEARS OF SECONDARY / HIGH SCHOOL | YEARS OF UNIVERSITY / COLLEGE | YEARS OF FORMAL APPRENTICESHIP / TRAINING |
|--------------------------------------|----------------------------------|-------------------------------|---|

F YOUR 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 AND COUNTRY | TYPE OF CERTIFICATE OR DIPLOMA ISSUED |
|-------|----|--|------------------|---------------------------------------|
| FROM | TO | | | |
| M | Y | M | Y | |
| | | | | |
| | | | | |
| | | | | |

G YOUR WORK HISTORY FOR THE PAST 10 YEARS

You must list every job for the past ten years. Start with your most recent job. Any job(s) in Canada should be listed first. Then, list your work in other countries. If you were unemployed, you must list that period of time. Use an extra sheet of paper if you need more space. See guide for further information.

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 WHERE I WORKED IF SELF-EMPLOYED, WRITE SELF-EMPLOYED, IF UNEMPLOYED, WRITE UNEMPLOYED. (Write name in full, do not use abbreviations) | CITY AND COUNTRY | MY OCCUPATION |
|-------|----|---|------------------|---------------|
| FROM | TO | | | |
| M | Y | M | Y | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

H ADDRESSES OF THE PLACES WHERE YOU 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. Include addresses you have had in Canada and in other countries. 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.** Use an extra sheet of paper if you need more space. (See instruction guide for further information)

| DATES | | | | STREET AND NUMBER (Do not use P.O. box address) | CITY OR TOWN | COUNTRY |
|-------|---|----|---|--|--------------|---------|
| FROM | | TO | | | | |
| M | Y | M | Y | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

I ORGANIZATIONS YOU 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). Include any military service (show rank, unit and location of service in last column). If you did not or do not belong to any organizations, print "I did not or do not belong to any organizations." Do not use abbreviations or acronyms. **Forms will be returned if full name of organization is not used.** Use an extra sheet of paper if you need more space.

| DATES | | | | NAME AND ADDRESS OF ORGANIZATION (Do not use abbreviations) | TYPE OF ORGANIZATION | POSITION HELD (if any) |
|-------|---|----|---|--|----------------------|------------------------|
| FROM | | TO | | | | |
| M | Y | M | Y | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

J YOUR PARENTS

| FATHER'S FULL NAME | DATE OF BIRTH OR AGE OF PARENTS | | | CITY, TOWN AND COUNTRY OF BIRTH |
|--|---------------------------------|---|---|---------------------------------|
| | D | M | Y | |
| PRESENT ADDRESS IN FULL (if deceased, give date) | | | | |
| MOTHER'S FULL NAME BEFORE MARRIAGE | | | | |
| PRESENT ADDRESS IN FULL (if deceased, give date) | | | | |

K PHOTOGRAPHS

Attach two (2) photographs of yourself and each dependant in Canada to this form. Print the name of the person on the back of each photograph.

ATTACH PHOTOS HERE

L DECLARATION OF APPLICANT

| | | |
|---|---|----------------------|
| 1. Are you a permanent resident of Canada? | ▶ | <input type="text"/> |
| 2. Are you recognized as a Convention refugee by a country other than Canada? If "YES", can you return to that country? | ▶ | <input type="text"/> |
| 3. Are you a citizen or national of more than one country? If "YES", what countries? _____ Can you return to that country? | ▶ | <input type="text"/> |
| 4. Are you a legal and permanent resident of any country? If "YES", what country(ies)? _____ Can you return to that country? | ▶ | <input type="text"/> |
| 5. Have you or any of your dependants in Canada or abroad ever been convicted of a crime or offence for which a pardon has not been granted under the <i>Criminal Records Act of Canada</i> ? | ▶ | <input type="text"/> |
| 6. Have you or any of your dependants in Canada or abroad ever been convicted of a crime or offence in another country. | ▶ | <input type="text"/> |
| 7. Have you or any of your dependants in Canada or abroad ever been charged for a crime or offence in Canada or any other country? | ▶ | <input type="text"/> |
| 8. In periods of either peace or war, have you ever been involved in the commission of a war crime or crime against humanity such as the willful killing, torture, attacks, enslavement, starvation or other inhumane acts committed against civilians or prisoners of war or the deportation of civilians? If "YES", provide details on a separate sheet. | ▶ | <input type="text"/> |

M ADDITIONAL DECLARATION

In addition to answering the above questions truthfully, I declare the following:

| | | |
|---|---|----------------------------------|
| 1. That the information I have given on this application is truthful and correct; | ▶ | Yes / No <input type="text"/> |
| 2. I understand that any false statements or concealment of a material fact or a fraudulent entry on this application may be grounds for criminal prosecution and/or removal from Canada even if I am granted Permanent Resident Status; | ▶ | <input type="text"/> |
| 3. Should my answers to the above 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 Canada Immigration; | ▶ | <input type="text"/> |
| 4. I understand that the information I provide in my application is collected under the authority of the <i>Immigration Act</i> and will be used by Immigration Officers to assess my request for permanent resident status, including details concerning past criminality. | ▶ | <input type="text"/> |
| 5. I understand all the above statements and questions, having asked for and obtained an explanation on every point which was not clear to me. | ▶ | <input type="text"/> |

| | | | | | | | |
|--------------------------|---|---|---|---|--|--|--|
| Signature of Applicant ▶ | Date ▶ | | | | | | |
| | <table style="margin: auto;"> <tr> <td style="width: 10px;">D</td> <td style="width: 10px;">M</td> <td style="width: 10px;">Y</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 10px;"></td> <td style="border-bottom: 1px solid black; width: 10px;"></td> <td style="border-bottom: 1px solid black; width: 10px;"></td> </tr> </table> | D | M | Y | | | |
| D | M | Y | | | | | |
| | | | | | | | |

N AUTHORITY TO DISCLOSE PERSONAL INFORMATION

| | | |
|--|---|----------------------------------|
| 1. I hereby authorize all governmental authorities, including all police, judicial and state authorities in all the countries in which I have resided, to release to the Canadian Government authorities all records and information that they may possess on me concerning any investigations, arrests, charges, trials, convictions and sentences. I understand that this information will be used to assist in determining if I will become a permanent resident or for any other purpose pursuant to the <i>Immigration Act</i> and <i>Regulations</i> . | ▶ | Yes / No <input type="text"/> |
| 2. I understand that having applied for permanent residence in Canada, I (and my family) may be required to undergo a medical examination, and I therefore consent to the release of specific details concerning the medical condition of myself (and my family, if applicable), to Canada Immigration authorities and all other judicial bodies. | ▶ | <input type="text"/> |
| 3. I authorize the release of information from my immigration records to my representative named hereinafter. | ▶ | <input type="text"/> |

| | | |
|------|---------|---------------|
| NAME | ADDRESS | TELEPHONE NO. |
| | | |

| | | | | | | | |
|--------------------------|---|---|---|---|--|--|--|
| Signature of Applicant ▶ | Date ▶ | | | | | | |
| | <table style="margin: auto;"> <tr> <td style="width: 10px;">D</td> <td style="width: 10px;">M</td> <td style="width: 10px;">Y</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 10px;"></td> <td style="border-bottom: 1px solid black; width: 10px;"></td> <td style="border-bottom: 1px solid black; width: 10px;"></td> </tr> </table> | D | M | Y | | | |
| D | M | Y | | | | | |
| | | | | | | | |

O INTERPRETER'S DECLARATION (IF APPLICABLE)

I have faithfully and accurately interpreted in _____ (the language) _____ the information provided above.

| | | |
|------|--------------|---------------------------|
| NAME | PLACE SIGNED | RELATIONSHIP TO APPLICANT |
| | | |

| | | | | | | | |
|--------------------------|---|---|---|---|--|--|--|
| Signature of Applicant ▶ | Date ▶ | | | | | | |
| | <table style="margin: auto;"> <tr> <td style="width: 10px;">D</td> <td style="width: 10px;">M</td> <td style="width: 10px;">Y</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 10px;"></td> <td style="border-bottom: 1px solid black; width: 10px;"></td> <td style="border-bottom: 1px solid black; width: 10px;"></td> </tr> </table> | D | M | Y | | | |
| D | M | Y | | | | | |
| | | | | | | | |