



**PROTECTED WHEN COMPLETED - B**

**REQUEST FOR EXEMPTION FROM IMMIGRANT VISA REQUIREMENT**

IF A VISA EXEMPTION IS GRANTED, THIS FORM WILL SERVE AS AN APPLICATION FOR LANDING IN CANADA, WHICH WILL BE PROCESSED BASED ON THE INFORMATION PROVIDED ON THIS FORM.

**TYPE OF APPLICATION**

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

- I AM APPLYING AS A:
- Spouse of a Canadian citizen or permanent resident
  - Humanitarian and compassionate case
  - Dependent 18 years of age or older of one of the above

FOR OFFICIAL USE ONLY	
<b>ROLF</b>	Client ID number
Amount paid	Client file number
Date Day   Month   Year	
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**

**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** (Dependents 18 years of age or older **MUST** complete their own form)

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 (Family name) Given name(s)			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> ENG. <input type="checkbox"/> FR. Mother tongue
2. Surname (Family name) Given name(s)			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> ENG. <input type="checkbox"/> FR. Mother tongue
3. Surname (Family name) Given name(s)			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> ENG. <input type="checkbox"/> FR. Mother tongue



**C MY DEPENDENTS OUTSIDE OF CANADA**

1	NAMES OF DEPENDENTS		2	3			4
	Surname (Family name)	Given name(s)	RELATIONSHIP	Day	Month	Year	TYPE OF DEPENDENT CHILD
1.							<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Address (Street and no.)		City/Town	Province/State/District			Country	
2.							<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Address (Street and no.)		City/Town	Province/State/District			Country	
3.							<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Address (Street and no.)		City/Town	Province/State/District			Country	

**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.									

**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 ▶
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**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	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 time period.  
**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	To			
M	Y			

**H MY INTENDED OCCUPATION IN CANADA**

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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) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Day</td> <td style="width: 25%; text-align: center;">Month</td> <td style="width: 25%; text-align: center;">Year</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>		Day	Month	Year					Country of birth
	Day	Month	Year						
Current country of residence (or date of death)	Day Month Year <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Day</td> <td style="width: 25%; text-align: center;">Month</td> <td style="width: 25%; text-align: center;">Year</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>		Day	Month	Year				
	Day	Month	Year						
Mother's surname (Family name) before marriage	Given name(s)								
Date of birth (Or age) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Day</td> <td style="width: 25%; text-align: center;">Month</td> <td style="width: 25%; text-align: center;">Year</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>		Day	Month	Year					Country of birth
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	Day	Month	Year						



**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.
- If 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 to a Call Centre.
- I understand all the above statements, having asked for and obtained an explanation on every point which was not clear to me.

\_\_\_\_\_

**SIGNATURE OF APPLICANT**

Day	Month	Year

Date

**O AUTHORITY TO DISCLOSE PERSONAL INFORMATION**

- 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 sponsor: \_\_\_\_\_ (Name of individual)

Address (No. & street)		Apt./Suite no.	
City	Province	Postal code	Telephone ( ) No.

My representative in Canada (if any): \_\_\_\_\_ Name of individual \_\_\_\_\_ Name of firm

Address (No. & street)		Apt./Suite no.	
City	Province	Postal code	Telephone ( ) No.

The individual named hereinafter: \_\_\_\_\_ (Name of individual)

Address (No. & street)		Apt./Suite no.	
City	Province	Postal code	Telephone ( ) No.

\_\_\_\_\_

**SIGNATURE OF APPLICANT**

Day	Month	Year

Date

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.