



**IMMIGRANT APPLICATION FORM - INDEPENDENT
(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

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/telegraphic 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: _____ _____ _____ _____ | | | |

This form is made available by Citizenship and Immigration Canada and is not to be sold to applicants.



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

| | | | | | |
|---|----|----|----|----|---|
| ┌ | ┌┌ | ┌┌ | ┌┌ | ┌┌ | ┌ |
| └ | └└ | └└ | └└ | └└ | └ |

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 The following person, employer or organization in Canada has offered to assist me after arrival (Name and address and copy of job offer, if you have one)

| | | |
|--|--------------------------------|--|
| 6 Relationship to me of person named in 5 | 7 Destination in Canada | 8 How much money will you bring with you? |
| | a) City or town b) Province | \$ |

| | |
|---|----------------------|
| 9 I have the following debts or legal obligations (for example, child support payments) owing to: (Give name of person(s) or organization) | Total debts (Amount) |
| | |
| | |

| 10 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 C

1 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, trade unions or professional associations. Include military service (show rank, unit and location of service in last column)

| Dates | | | | Name and address of organization | Type of organization | Position held (if any) |
|-------|---|----|---|----------------------------------|----------------------|------------------------|
| From | | To | | | | |
| M | Y | M | Y | | | |
| | | | | | | |
| | | | | | | |

2 MY PARENTS

Father's full name _____

Date of birth: Day | Month | Year | City or town of birth: _____ Country of birth: _____ If deceased, give date: Day | Month | Year |

Mother's full name before marriage: _____

Date of birth: Day | Month | Year | City or town of birth: _____ Country of birth: _____ If deceased, give date: Day | Month | Year |

3 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 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

Signature of applicant

Day | Month | Year |
Date

4 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.

5 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.