



APPLICATION FOR TEMPORARY RESIDENT VISA MADE OUTSIDE OF CANADA

1 UCI/Client ID	2 I want service in	3 Visa requested	OFFICE USE ONLY Validated
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PERSONAL DETAILS

1 Full name (as shown on your passport or travel document)				
Family name			Given name(s)	
2 Nick names/Alias				
Family name			Given name(s)	
3 Sex	4 Date of birth		5 Place of birth	
	YYYY MM DD		City/Town Country	
6 Citizenship				
7 Current country of residence:				
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
8 Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
9 Country where applying: Same as current country of residence? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
10 a) Your current marital status		b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship		Date
				YYYY-MM-DD
c) Provide the name of your current Spouse/Common-law partner				
Family name			Given name(s)	

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Application Name	Date of Birth
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PERSONAL DETAILS (CONTINUED)

11 Have you previously been married or in a common-law relationship? <input type="checkbox"/> No <input type="checkbox"/> Yes Provide the following details for your previous Spouse/Common-law Partner:			
Family name	Given name(s)		
Type of relationship	From	To	
	YYYY-MM-DD	YYYY-MM-DD	

PASSPORT

1 Passport number	2 Country of issue	3 Issue date	4 Expiry date
		YYYY-MM-DD	YYYY-MM-DD

CONTACT INFORMATION

1 Current mailing address - All correspondence will go to this address unless you indicate your e-mail address below. - Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify. - If you wish to authorize the release of information from your application to a representative, indicate their address below and on the IMM5476 form.					
P.O. box	Apt/Unit	Street no.	Street name		
City/Town	Country	Province/State	Postal code	District	
2 Residential address Same as mailing address? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Apt/Unit	Street no.	Street name			City/Town
Country	Province/State	Postal code	District		
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other			4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other		
Type	Country Code	No.	Ext.	Type	Country Code No. Ext.
5 Fax no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other			6 E-mail address		
Country Code	No.	Ext.			

DETAILS OF VISIT TO CANADA

1 a) Purpose of my visit	b) Other		
2 Indicate how long you plan to stay	From	To	3 Funds available for my stay (\$CAD)
	YYYY-MM-DD	YYYY-MM-DD	
4 Name, address and relationship of any person(s) or institution(s) I will visit:			
Name			
1	Relationship to me		Address in Canada
	Name		
2	Relationship to me		Address in Canada
	Name		

Application Name	Date of Birth
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EDUCATION

Have you had any post secondary education (including university, college and apprenticeship training)? No Yes

If you answered yes, give full details of all post secondary education you have had.

1	From	Field of study	School/Facility name	
	To	City/Town	Country	Province/State
	YYYY MM			
	YYYY MM			
2	From	Field of study	School/Facility name	
	To	City/Town	Country	Province/State
	YYYY MM			
	YYYY MM			
3	From	Field of study	School/Facility name	
	To	City/Town	Country	Province/State
	YYYY MM			
	YYYY MM			

CURRENT OCCUPATION

Give full details of your present job. If retired, not working or student, please indicate.

1	From	Activity/Occupation	Company/Employer/Facility name	
	To	City/Town	Country	Province/State
	YYYY MM			
	YYYY MM			

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

1	<p>a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
2	<p>a) Have you ever previously applied for any Canadian visas (e.g. Permanent Resident, Student, Worker, Temporary Resident (Visitor), Temporary Resident Permit)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) Have you ever been refused any kind of visa to travel to Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) Have you ever been refused admission or been ordered to leave Canada or any other country? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>d) If you answered "yes" to question 2a), 2b), or 2c) please provide details.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	

Application Name

Date of Birth

BACKGROUND INFORMATION (CONTINUED)

3	Have you ever committed, been arrested for or been charged with any criminal offence in any country?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4	a) Have you ever been in a military, militia or civil defense unit or the police?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	b) If you answered "no" to question 4a) and military service is mandatory in your country and you did not serve, please explain why you did not serve. Then proceed to question 5)	
5	Have you ever been employed by a government in a security-related capacity?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6	Have you ever held a position of authority in any government, or judiciary or a political party?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7	Have you ever 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes

If you answered "yes" to any of questions 3 to 7 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.

I consent to the release to Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD

**IMPORTANT NOTE:**

This application must be signed and dated before it is submitted.
Do not forget to include: your passport, photos, the fees, your signature.

The information you provided in this application is collected under the authority of the *Immigration and Refugee Protection Act* and will be used to maintain a record of applications and sponsorship undertakings for the purpose of the administration of the Act. It will be retained in the Personal Information Banks CIC PPU 053 or CIC PPU 054 or CIC PPU 055 depending on the type of application made. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS) and foreign governments in accordance with subsection 8(2) of the *Privacy Act*. In accordance with the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at the Infosource website (<http://www.infosource.gc.ca/>) and through the Citizenship and Immigration Canada Call Centre. Infosource is also available at Public Libraries across Canada.



FAMILY INFORMATION

Type of application: Visitor Worker Student Other

Complete **ALL** names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). Include **ALL** family members even if they are not accompanying you. If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

BEFORE YOU START, READ THE INSTRUCTION GUIDE, TYPE OR PRINT IN BLACK INK.

SECTION A

Full name	Relationship SEE NOTE 1	Date of birth	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Y M D Country of birth		Present occupation	
	APPLICANT	_____			
	SPOUSE OR COMMON-LAW PARTNER	_____			<input type="checkbox"/> <input type="checkbox"/>
	MOTHER	_____			<input type="checkbox"/> <input type="checkbox"/>
	FATHER	_____			<input type="checkbox"/> <input type="checkbox"/>

NOTE 1: If no spouse or common-law partner is listed in Section A, read and sign below.

I certify that I do not have a spouse or a common-law partner. Signature: _____ Date:

Year	Month	Day
_____	_____	_____

SECTION B CHILDREN (Include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)

Full name	Relationship SEE NOTE 2	Date of birth	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Y M D Country of birth		Present occupation	
		_____			<input type="checkbox"/> <input type="checkbox"/>
		_____			<input type="checkbox"/> <input type="checkbox"/>
		_____			<input type="checkbox"/> <input type="checkbox"/>
		_____			<input type="checkbox"/> <input type="checkbox"/>
		_____			<input type="checkbox"/> <input type="checkbox"/>
		_____			<input type="checkbox"/> <input type="checkbox"/>

NOTE 2: If no children are listed in Section B, read and sign below.

I certify that I do not have any children, either natural or adopted. Signature: _____ Date:

Year	Month	Day
_____	_____	_____

SECTION C BROTHERS AND SISTERS (Include ALL brothers and sisters, ALL half-brother and sister and stepbrother and sister.)

Full name	Relationship	Date of birth	Marital status	Present address (if deceased give city and date)	Will accompany you to Canada?	
		Y M D Country of birth		Present occupation	YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

SECTION D CERTIFICATION

I certify that the information contained on this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.

Signature: _____ Date:

Year	Month	Day
_ _	_	_

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as a temporary resident. It will be stored in Personal Information Bank CIC PPU 055, Visitor Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.