

8. Is the co-signer a
 Canadian citizen? No Yes ▶

Became a citizen on		
Day	Month	Year

Permanent resident? No Yes ▶

Became a permanent resident on		
Day	Month	Year

9. If the co-signer is a permanent resident or a naturalized Canadian citizen, give the name of the country where his or her application for permanent residence was processed

Full name at the time the co-signer became a permanent resident

Family name

Given name(s)

Record of landing/confirmation of permanent residence number

C PERSON BEING SPONSORED AND HIS OR HER FAMILY MEMBERS

1. Person you are sponsoring (principal applicant)

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Country of nationality or of habitual residence, if different from country of birth

Marital status Sex Male Female

Relationship to sponsor
 Spouse Common-law partner Conjugal partner
 Dependent child ▶ A B C
 Other (specify) ▶

Length of undertaking ▶

ID number ▶

2. Accompanying spouse or common-law partner of principal applicant

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant
 Spouse Common-law partner
 Other (specify) ▶

Length of undertaking ▶

ID number ▶

3. Accompanying dependent children of persons in 1 and/or 2

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant
 Dependent child ▶ A B C
 Other (specify) ▶

Length of undertaking ▶

ID number ▶

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant
 Dependent child ▶ A B C
 Other (specify) ▶

Length of undertaking ▶

ID number ▶

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant
 Dependent child ▶ A B C
 Other (specify) ▶

Length of undertaking ▶

ID number ▶

3. Accompanying dependent children of persons in 1 and/or 2 (continued)

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Dependent child A B C

Other (specify)

Length of undertaking

ID number

4. Non-accompanying dependants

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Spouse Common-law partner

Dependent child A B C

Other (specify)

ID number

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Dependent child A B C

Other (specify)

ID number

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Dependent child A B C

Other (specify)

ID number

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Dependent child A B C

Other (specify)

ID number

5. Have you submitted a previous sponsorship application in respect of which a final decision has not been made for any of the persons named in this section?

No Yes You cannot submit this application. If you do, it will be returned to you unassessed.

6. a) Address where the person you are sponsoring lives

Home telephone number

Country code	Area code	Number
()	()	

If you are sponsoring a member of the spouse or common-law partner in Canada class, do not complete b) and c); proceed to 7 immediately.

b) If the above address is not in the country of nationality of the person you are sponsoring, has that person been lawfully admitted for a period of at least one year in the country where he or she is living?

No The application will be processed at the visa office responsible for the country of which the person you are sponsoring is a national. Proceed to 7.

Yes Answer c) below.

c) Do you wish to have the application for permanent residence of the person you are sponsoring processed at the visa office responsible for this country?

Yes The application will be processed at the visa office responsible for the country of which the person you are sponsoring is a national.

No

7. Mailing address, if different from address in 6. a).

D ADOPTION

1. Check one of the following boxes:

Child already adopted abroad

Adoption order issued on

Day	Month	Year

Child to be adopted abroad

Child to be adopted in Canada

Child's country of residence/source country for adoption

E ELIGIBILITY ASSESSMENT

If you answer "NO" to any questions 1 to 4, you are not eligible to be a sponsor (or co-signer, if applicable). You should NOT submit your application.

	SPONSOR		CO-SIGNER	
	YES	NO	YES	NO
1. Are you 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a Canadian citizen or permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you sponsoring a member of the family class or a member of the spouse or common-law partner in Canada class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you reside in Canada and in no other country? <i>If you answered "NO", but are a Canadian citizen living exclusively outside Canada, you may still be eligible to sponsor. See Who can sponsor in the Guide for information on residency.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answer "YES" to any questions 5 to 13, you are not eligible to be a sponsor (or co-signer, if applicable). You should not submit your application. See **Who can sponsor** in the Guide for information.

5. Are you in receipt of social assistance for a reason other than disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you an undischarged bankrupt as defined in the <i>Bankruptcy and Insolvency Act</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have persons you previously sponsored or their family members received social assistance during the validity period of the undertaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you co-sign an undertaking where the sponsored person or his or her family members received social assistance during the validity period of the undertaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been ordered to leave Canada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you late in making a required payment on an immigration loan, a performance bond or any other amounts you agreed to pay under Canadian immigration legislation, and have not made arrangements to defer payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you currently detained in a jail, prison, penitentiary or reformatory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. In the five years preceding your application, have you been convicted of a sexual offence or an offence against the person in relation to one of your family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you in default of a court order to make support payments to your spouse, former spouse, common-law partner, former common-law partner or child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your answer to questions 14 to 16 is YES, see your guide for circumstances under which processing may be suspended.

14. Are you the subject of an application to revoke your citizenship for which a decision has not been made yet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you the subject of a report on inadmissibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you been charged with an offence under an <i>Act of Parliament</i> punishable by a maximum term of imprisonment of at least 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, give the following details:

Charge

Place

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

F RESIDENCY DECLARATION

Complete this section only if you are a Canadian citizen living exclusively outside Canada. See **Who can sponsor** in the Guide for information on residency.

Immediately after my spouse, common-law or conjugal partner and dependent children become permanent residents, I intend to live in:

a Canadian province or territory other than Quebec the province of Quebec

G UNDERTAKING

I undertake to provide for the basic requirements of the sponsored person and his or her family members who accompany him or her to Canada, if they are not self-supporting. I promise to provide food, clothing, shelter, fuel, utilities, household supplies, personal requirements, and other goods and services, including dental care, eye care, and other health needs not provided by public health care. I understand that the money, goods or services provided by me must be sufficient for the sponsored person to live in Canada.

I promise that the sponsored person and his or her family members will not need to apply for social assistance.

I make these promises so that the sponsored person and his or her family members listed on this undertaking can be admitted to Canada as permanent residents. I understand that the sponsored person and his or her family members will be admitted solely on the basis of their relationship to me (as sponsor) and that they do not need to have the financial means to become established in Canada.

I understand that the validity period of this undertaking begins on the day on which the sponsored person enters Canada if that person enters Canada with a temporary resident permit or, if already in Canada, on the day on which the sponsored person obtains a temporary resident permit following an application to remain in Canada as a permanent resident, and in any other case on the day on which the sponsored person becomes a permanent resident. The length of the undertaking will vary according to the relationship of the sponsored person and his or her family members to me (as sponsor) and their age and it ends:

- A. if the sponsored person is my spouse, common-law partner, or conjugal partner, on the last day of the period of 3 years following the day on which they become a permanent resident;
- B. if the sponsored person or family member is a dependent child of the sponsor or of the sponsor's spouse, common-law partner or conjugal partner and is less than 22 years of age when they become a permanent resident, on the earlier of
 - the last day of the period of 10 years following the day on which they become a permanent resident, or
 - the day on which they reach 25 years of age,
- C. if the sponsored person or family member is a dependent child of the sponsor or of the sponsor's spouse, common-law partner or conjugal partner and is 22 years of age or older when they become a permanent resident, on the last day of the period of 3 years following the day on which they become a permanent resident; and
- D. if the sponsored person or family member is a person other than a person referred to above, on the last day of the period of 10 years following the day on which they become a permanent resident.

I understand that the undertaking remains in effect no matter what may change in my life. For example, if I am divorced, change jobs, become unemployed, and/or go back to school, I will still be responsible to the sponsored person and his or her family members I am sponsoring or for whom I am co-signing.

I understand that, pursuant to section 135 of the Regulations to the *Immigration and Refugee Protection Act*, if I breach any of my sponsorship obligations I will be in default. I also understand that I will be in default if a government makes a payment that I have promised to repay in this undertaking. For example, if I fail to provide for the basic requirements of the sponsored person and his or her family members and they receive social assistance during the validity period of the undertaking, I will be in default. I understand that I will continue to be in default until the amount of benefits received are repaid in full or repaid to the satisfaction of the government concerned.

I understand that all social assistance paid to the sponsored person or his or her family members becomes a debt owed by me to Her Majesty in right of Canada and Her Majesty in right of the province concerned. As a result, the Minister and the province concerned have a right to take enforcement action against me (as sponsor or co-signer) alone, or against both of us.

The Minister and the province concerned may choose not to take enforcement action to recover money from me if the default is the result of abuse or in other circumstances. The decision not to act at a particular time does not cancel the debt. The Minister and the province concerned may recover the debt when circumstances have changed.

I understand that I will not be allowed to sign or co-sign an additional application to sponsor another person under the *Immigration and Refugee Protection Act* and its Regulations if I am in default of any sponsorship undertaking. This holds true for both this undertaking and any past undertakings where I have not satisfactorily paid back my debts.

H AUTHORITY TO DISCLOSE PERSONAL INFORMATION

By submitting this form, you consent to the release to the Canadian government authorities of all records and information any government authority, including police, judicial and state authorities in all countries in which you have lived may possess on your behalf. This information will be used to assist in evaluating your ability to sponsor or to co-sign.

I DECLARATION

APPLIES TO RESIDENTS OF ALL PROVINCES/TERRITORIES, EXCEPT QUEBEC:

- I agree to the terms outlined in Section G, Undertaking.

APPLIES TO RESIDENTS OF ALL PROVINCES/TERRITORIES:

- I declare that the information given on this form and any attached documents is complete, correct and fully discloses everything concerning my eligibility to sponsor or co-sign.
- I understand that false or misleading statements may lead to the refusal of the application for permanent residence of the person I am sponsoring (or for whom I am a co-signer). I understand that giving false or misleading information may be grounds for my prosecution and the removal of the person I am sponsoring and his or her family members from Canada.
- I understand all the above statements, having asked for and obtained an explanation on every point that was not clear to me.

J SIGNATURE(S)

City/Town [] Province []
Sponsor's signature []
Date [Day][Month][Year]
Signature of sponsor's spouse or common-law partner (if co-signer) []
Date [Day][Month][Year]

OFFICIAL USE ONLY

Income requirements		Eligibility requirements					
SA's available for []		<input type="checkbox"/> Met <input type="checkbox"/> Not met	<input type="checkbox"/> R10(1)(a)	<input type="checkbox"/> R132(4)	<input type="checkbox"/> R133(1)(a)	<input type="checkbox"/> R133(1)(b)	<input type="checkbox"/> R133(1)(c)
SA's required for []			<input type="checkbox"/> R133(1)(d)	<input type="checkbox"/> R133(1)(e)	<input type="checkbox"/> R133(1)(f)	<input type="checkbox"/> R133(1)(g)(i)	<input type="checkbox"/> R133(1)(g)(ii)
<input type="checkbox"/> R133(4)			<input type="checkbox"/> R133(1)(h)	<input type="checkbox"/> R133(1)(i)	<input type="checkbox"/> R133(1)(j)	<input type="checkbox"/> R133(1)(k)	
Cost recovery code []	Amount []	<input type="checkbox"/> Paid <input type="checkbox"/> Loan <input type="checkbox"/> Deferred <input type="checkbox"/> N/A			# of person []	\$ []	
Lock-in date [Day][Month][Year]	Signature of Immigration Officer []				Date signed [Day][Month][Year]		
Remarks [] <input type="checkbox"/> See attached	Visa office []						

Information provided on the Application to Sponsor and Undertaking as well as on any accompanying documents is collected under the authority of the *Immigration and Refugee Protection Act*. It is required for the purpose of determining your ability to sponsor the person(s) named in this application or to co-sign this application as the sponsor's spouse or common-law partner. It may be used to enforce the undertaking you have signed or co-signed and may be provided to provincial authorities pursuant to federal/provincial information exchange agreements. It will be stored in Personal Information Bank CIC PPU 013 and is protected and accessible under the provisions of the *Privacy Act* and the *Access to Information Act*. Instructions for obtaining information are provided in InfoSource, a copy of which is located in all Citizenship and Immigration offices.



SPONSORSHIP AGREEMENT

Quebec residents need not complete this form

The sponsor and, if applicable, the co-signer must, before a sponsorship undertaking can be approved, enter into a written agreement with the person to be sponsored (i.e. the principal applicant) if this person is 22 years of age or older or, if less than 22 years of age, is the sponsor's spouse, common-law partner or conjugal partner. This agreement lists the obligations and responsibilities that fall unto the sponsor and, if applicable, the co-signer as well as unto the person being sponsored and his or her family members.

Sponsor's details

Family name

Given name(s)

Date of birth

Day	Month	Year

Co-signer's details (if applicable)

Family name

Given name(s)

Date of birth

Day	Month	Year

Sponsored person's details

Family name

Given name(s)

Date of birth

Day	Month	Year

OBLIGATIONS OF THE SPONSOR AND, IF APPLICABLE, THE CO-SIGNER

As sponsor or co-signer, I promise to provide for the sponsored person and his or her family members' basic requirements for a period that begins the day on which the sponsored person enters Canada with a temporary resident permit or, if already in Canada on the day on which the sponsored person obtains a temporary resident permit following an application to remain in Canada as a permanent resident, and in any other case on the day on which the sponsored person becomes a permanent resident and ends:

A. if the sponsored person is the spouse, common-law partner, or conjugal partner of the sponsor, on the last day of the period of 3 years following the day on which they become a permanent resident;

B. if the sponsored person or family member is a dependent child of the sponsor or of the sponsor's spouse, common-law partner or conjugal partner and is less than 22 years of age when they become a permanent resident, on the earlier of

- the last day of the period of 10 years following the day on which they become a permanent resident, or
- the day on which they reach 25 years of age;

C. if the sponsored person or family member is a dependent child of the sponsor or of the sponsor's spouse, common-law partner or conjugal partner and is 22 years of age or older when they become a permanent resident, on the last day of the period of 3 years following the day on which they become a permanent resident; and

D. if the sponsored person or family member is a person other than a person referred to above, on the last day of the period of 10 years following the day on which they become a permanent resident.

Basic requirements include food, shelter, clothing, fuel, utilities, household supplies, personal requirements and health care not provided by public health, including dental care and eye care.

I promise that financial obligations or other personal circumstances over the applicable period referred to above will not prevent me from honouring this agreement and the sponsorship undertaking I signed or co-signed;

I promise that the sponsored person and his or her family members will not need to apply for social assistance benefits; and

I promise to respond promptly to requests for help from the sponsored person and his or her family members by giving money, buying items or providing services for their living expenses.

OBLIGATIONS OF THE PERSON TO BE SPONSORED

As the person to be sponsored, I promise to make every reasonable effort to provide for my own basic requirements as well as those of my accompanying family members;

I promise to ask the sponsor and co-signer (if applicable) for help if I or my family members are having difficulty supporting themselves or meeting their own basic requirements.

IMPORTANT INFORMATION

Elderly parents or grandparents who are sponsored are not expected to look for a job to care for themselves.

Sponsored persons and/or their family members who are being abused or assaulted by their sponsors should seek safety away from their sponsors even if this means that they will have to apply for social assistance benefits. A sponsor cannot force Citizenship and Immigration Canada to remove you from Canada.

An undertaking is unconditional and may not be terminated. Under no circumstances does the granting of Canadian citizenship, divorce, separation or relationship breakdown, financial deterioration or moving to another province cancel the undertaking.

LEGAL AND FINANCIAL CONSEQUENCES

The co-signer, if applicable, is jointly and severally or solidarily bound with the sponsor to perform the obligations of the sponsorship undertaking and is liable with the sponsor for any breach of those obligations. If the sponsor and, if applicable, the co-signer do not provide support as required, the sponsored person can take legal action.

AUTHORIZATION FOR DISCLOSURE OF PERSONAL INFORMATION

The sponsored person consents to the release to the sponsor or co-signer of information concerning social assistance the sponsored person or his or her family members applied for or received during the validity period of the sponsorship undertaking.

DECLARATION

I understand the contents of this agreement, having asked for and obtained an explanation on every point that was not clear to me.

Signature of sponsor

Date

Day	Month	Year

Signature of co-signer

Date

Day	Month	Year

Signature of sponsored person (principal applicant)

Date

Day	Month	Year



IMM
5481
(05-2007)
English

SPONSORSHIP EVALUATION

Sponsors living in Quebec need not complete this form.

This form is to be completed by persons who want to sponsor their spouse, common-law partner, conjugal partner or dependent children who have no dependent children of their own.

If you are sponsoring

- a spouse, common-law partner or conjugal partner who has dependent children who have dependent children of their own, or
- a dependent child who has dependent children of his or her own,

do not use this form. Instead, obtain and complete the *Financial Evaluation* form.

You can download and print a copy of the *Financial Evaluation* (IMM 1283) and accompanying instructions (IMM 5482) from our Web site or order them from our Call Centre.

For additional information, refer to your guide.

INFORMATION ABOUT YOU

1. Your full name

Family name

Given name(s)

2. Your current situation

Check and complete Section A, B or C below which best describes your current situation.

A) Unemployed

Give details of your current situation and indicate how you support yourself. If you need additional space, provide details on a separate sheet of paper.

B) Employed ¹

Provide the following details concerning your employment.

Employer's name

Employer's address

Country code Area code Number

Employer's phone number () ()

Your occupation/position

Start date

Name of your supervisor

C) Self-employed ²

Provide the following details concerning your self-employment

Name of your business

Date business was established

3. Your net personal income

Your net personal income for the 12-month period preceding the date of your application

Amount

12-month period starting

and ending

NUMBER OF FAMILY MEMBERS AND PERSONS INCLUDED IN UNDERTAKINGS IN EFFECT AND NOT YET IN EFFECT

4. Yourself

5. A) Current undertaking

Number of persons included in boxes 1 to 4 of Section C on your *Application to Sponsor and Undertaking* (form IMM 1344A).

B) Previous undertakings

i) Number of persons included in previous undertakings you signed as a sponsor and that are still in effect. Provide details on the back of this page.

ii) Number of persons included in previous undertakings you signed as a sponsor and that are not yet in effect (persons who have not yet become permanent residents). Provide details on the back of this page.

iii) Number of persons included in previous undertakings you co-signed where these undertakings are still in effect. Provide details on the back of this page.

iv) Number of persons included in previous undertakings you co-signed where these undertakings are not yet in effect (persons who have not yet become permanent residents). Provide details on the back of this page.

6. Persons not included in 5. above, if applicable

A) Your spouse or common-law partner. Provide details on the back of this page.

B) Every other family member not included above and dependent on you (or the co-signer, if you have one) financially, whether they are living with you or not. Enter their number in the box on the right and provide details on the back of this page.

7. Total number of persons in 4, 5 and 6 above

Add the number entered in the boxes above and write the total here.

Make sure you include with your application the original Option-C printout obtained from the Canada Revenue Agency and, if applicable, evidence of your employment. Follow instructions to this effect on the *Document Checklist*.

¹ **Employed:** you are working for an employer and are paid a salary, wages or a commission for your services.
² **Self-employed:** you have your own business, practice a trade or a profession and conduct activities for profit.

Details of family members and persons included in undertakings in effect or not yet in effect

Family name	Given name(s)	Date of birth		
		D	M	Y

5. B) i) Persons included in previous undertakings you signed as a sponsor and that are still in effect.

5. B) ii) Persons included in previous undertakings you signed as a sponsor and that are not yet in effect.

5. B) iii) Persons included in previous undertakings you co-signed and that are still in effect.

5. B) iv) Persons included in previous undertakings you co-signed and that are not yet in effect.

6. A) Your spouse or common-law partner if not listed in Section C of your *Application to Sponsor and Undertaking* (IMM 1344A) or in 5. B) above.

--	--	--	--	--

6. B) Every other family member financially dependent on you, whether they are living with you or not, and not listed in Section C of your *Application to Sponsor and Undertaking* (IMM 1344A) or in 5. B) above.



USE OF A REPRESENTATIVE

A representative is someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA). You may have **one** representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

Your dependent children aged 18 years or older must complete their own copy of this form if they have a representative.

- I am: appointing a representative. **Complete Sections A, B and D.**
 cancelling the appointment of a representative. **Complete Section A, C and D.**

SECTION A: APPLICANT INFORMATION

1. Your full name

Family name (Surname)

Given name(s)

2. Your date of birth

Day	Month	Year

3. If you have already submitted your application:

Name of office where the application was submitted

Location of office

Type of application
(permanent residence, extension of study permit, etc.)

4. Your Citizenship and Immigration Canada Identification number (if known)

Client Identification (ID) or
Unique Client Identifier (UCI) number

SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.
- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

5. Your representative's full name

Family name (Surname)

Given name(s)

6. Your representative: (choose one)

is **UNPAID** and is a:

- family member or friend
 member of a non-governmental or religious organization
 member of the Canadian Society of Immigration Consultants, a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*.
 other

is or will be **PAID** and is a member in good standing of:

- the Canadian Society of Immigration Consultants (CSIC)
▶ Membership ID number
- a Canadian provincial or territorial law society
▶ Which province or territory?
▶ Membership ID number
- the *Chambre des notaires du Québec*
▶ Membership ID number

7. Your representative's contact information

Name of firm or organization (if applicable)			
Mailing address			
Postal code/ZIP			
Telephone number	Country code	Area code	Number
	()	()	
Fax number	Country code	Area code	Number
	()	()	
E-mail address (if applicable)			

By indicating your representative's e-mail address, you are hereby authorizing Citizenship and Immigration Canada to transmit your file and personal information to this specific e-mail address.

8. Your representative's declaration:

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

Signature of representative

Date

Day	Month	Year

SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

9. Your representative's full name

Family name (Surname)

Given name(s)

Name of firm or organization
(if applicable)
SECTION D: YOUR DECLARATION**10.**

- I declare that the information I have given is truthful, complete and correct.
- I understand all the foregoing statements, having asked for and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date

Day	Month	Year

Signature of spouse or common-law partner
(if applicable)

Date

Day	Month	Year

Warning! It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under 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 infosource.gc.ca and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**



IN-CANADA APPLICATION FOR PERMANENT RESIDENT STATUS

Important: The principal applicant and all family members in Canada 18 years of age or older, who are not Canadian citizens or permanent residents, must complete this form along with *Schedule 1 - Background/Declaration* (which must be signed). Family members who are not listed on your application will **not** be able to be sponsored by you at a later date. Therefore you must list all family members, whether they wish to be considered in your application for permanent residence at this time or not.

Note: If you are applying under the permit holder class, only you and your family members who will be submitting their own applications must complete this form along with *Schedule 1 - Background/Declaration*. *Schedule 1 - Background/Declaration* must also be completed by your other family members 18 years of age or older.

A - APPLICANT INFORMATION

1. Category under which you are applying

- Spouse or common-law partner in Canada Class Permit Holder Class
 Live-in caregiver in Canada Class Family member 18 years or older of the above

How many family members (including yourself) are included in this application for permanent residence in Canada?

Languages

English: Speak Read Write Native language
 French: Speak Read Write

Language you prefer for:

Correspondence: English French
 Interview: English French Other

2. Your full name (print your name as it appears on your passport, or on your travel document or other valid identity document. Do not use initials print names in full.)

Family name
 Given name(s)

All other names (include birth name, maiden, previous married name(s), aliases and nicknames)

Family name
 Given name(s)

3. Your sex

Male Female

4. Your height

cm OR ft in

5. Colour of your eyes

6. Your date of birth

Day Month Year

Your place of birth
 Town/City
 Province
 Country

7. Your country(ies) of citizenship

1)
 2)

8. Country of last permanent residence (This is the country where you last lived on a legal permanent basis. It is not a country where you had a temporary status, such as foreign student or worker.)

9. Last time you entered Canada

Date: Day Month Year
 Place:

10. Your current marital status

- Never married Married Widowed Legally separated
 Annulled marriage Divorced Common-law

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
 Day Month Year

Space reserved for applicant's photo

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

11. Education

How many years of formal education do you have?

What is your highest level of completed education?

- No secondary Bachelor's degree
 Secondary Master's degree
 Trade/Apprenticeship PhD
 Non-university certificate/diploma

12. Your intended occupation (print the name of the occupation you think you will work in if you become a permanent resident. Intended occupation may include working as a live-in caregiver or any other intended employment. If you do not intend to work, print what you will be doing (e.g., homemaker, student, retiree).)

13. Your mailing address

Street and no.
 City Province
 Country Postal code

14. Your residential address, if different from your mailing address

Street and no.
 City Province
 Country Postal code

15. Your telephone numbers

	Area code	Number
At home	(<input type="text"/>)	<input type="text"/>
Alternative (for messages)	(<input type="text"/>)	<input type="text"/>
Fax	(<input type="text"/>)	<input type="text"/>

16. Details from your passport or from your travel document

(Check the box that describes your document. For example: a travel document is the document that allowed you to travel to Canada and recognizes your right to re-enter the country that issued the document.)

Other Specify

Passport/Travel document number
 Country of issue
 Date of issue: Day Month Year
 Date of expiry: Day Month Year



B - MY FAMILY MEMBERS IN CANADA

You must include:

- your spouse or common-law partner
- all of your dependent children
- all of the dependent children of your spouse or common-law partner

Do not include your sponsor and family members who are:

- Canadian citizens
- permanent residents of Canada

If you have more than three family members, photocopy this page before you start or print it from our Web Site at www.cic.gc.ca. Make sure you have enough copies to fill in details about all your family members.

Important: Family members who are not listed on your application will **not** be able to be sponsored by you at a later date. Therefore you must list all family members, whether they wish to be considered in your application for permanent residence at this time or not.

	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER
Family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>
Country of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seeking permanent residence Members of the Permit Holder Class: Your family members are required to submit separate applications if they are seeking permanent residence.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of dependent child See instructions in the guide under "Dependant Children".	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Passport details OR Travel document details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passport/Travel document number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of issue	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>
Date of expiry	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>
Client ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native language	<input type="text"/>	<input type="text"/>	<input type="text"/>
Language	English <input type="checkbox"/> Yes <input type="checkbox"/> No French <input type="checkbox"/> Yes <input type="checkbox"/> No	English <input type="checkbox"/> Yes <input type="checkbox"/> No French <input type="checkbox"/> Yes <input type="checkbox"/> No	English <input type="checkbox"/> Yes <input type="checkbox"/> No French <input type="checkbox"/> Yes <input type="checkbox"/> No
Height	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in
Colour of eyes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Photos Photos must have been taken within the past six months and must be identified by writing the family member's name, date of birth, height and eye colour on the back of the photo.	Space reserved for family member's photo	Space reserved for family member's photo	Space reserved for family member's photo

C - MY FAMILY MEMBERS LIVING OUTSIDE OF CANADA

You must include:

- your spouse or common-law partner
- all of your dependent children
- all of the dependent children of your spouse or common-law partner

Do not include family members who are:

- Canadian citizens
- permanent residents of Canada

If you have more than three family members, photocopy this page before you start or print it from our Web Site at www.cic.gc.ca. Make sure you have enough copies to fill in details about all your family members.

Important: Family members who are not listed on your application will **not** be able to be sponsored by you at a later date. Therefore you must list all family members, whether they wish to be considered in your application for permanent residence at this time or not.

	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER																																				
Family name	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Date of birth	<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Day	Month	Year										<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Day	Month	Year										<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Day	Month	Year									
Day	Month	Year																																					
Day	Month	Year																																					
Day	Month	Year																																					
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Seeking permanent residence Members of the Permit Holder Class: Check "no". Your family members outside Canada are not eligible for permanent residence in this class.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																				
Type of dependent child See Appendix B for details.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C																																				
Passport details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																				
OR																																							
Travel document details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																				
Passport/Travel document number	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Country of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Date of issue	<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Day	Month	Year										<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Day	Month	Year										<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Day	Month	Year									
Day	Month	Year																																					
Day	Month	Year																																					
Day	Month	Year																																					
Date of expiry	<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Day	Month	Year										<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Day	Month	Year										<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Day	Month	Year									
Day	Month	Year																																					
Day	Month	Year																																					
Day	Month	Year																																					
Height	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in																																				
Colour of eyes	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Name of guardian (where applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Address of family member, guardian or dependent child																																							
No. and street	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
City	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
Telephone number at home	Country code Area code Number () ()	Country code Area code Number () ()	Country code Area code Number () ()																																				
Alternative telephone number (for messages)	() ()	() ()	() ()																																				

7. 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 ▶
--	--------------------------------------	-----------------------------------	--

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.

From M Y	To M Y	Name of Institution (including apprenticeship/training)	City/Province/State/Country	Type of certificate or diploma issued

8. My work activity 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 account for all your time for the past ten years. Start with your most recent job. Any jobs in Canada should be listed first. Then, list your jobs 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.**

From M Y	To M Y	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")

9. 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.

From M Y	To M Y	Street and number (do not use P.O. Box address)	City or town	Province, state or district	Country



SPOUSE/Common-LAW QUESTIONNAIRE

For use in joint kit for Spouses or common-law partners in Canada

This document must be completed and included with your application for permanent residence in Canada if you are being sponsored by your spouse or common-law partner. Provide a complete and precise response to each question. Failure to provide this information could result in a refusal of your application. If more space is needed, include additional pages.

On each additional page, you must indicate the title of this form and specify the number or letter of the question you are answering. Also ensure that your name is included on each additional page.

1. When was the first time you met your sponsor in person?

Date

Day	Month	Year

Where?

Describe the circumstances of your first meeting.

Did anyone introduce you to your sponsor?

No

Yes ▶ Who introduced you?

2. Did you and your sponsor go on outings and/or trips together?

No ▶ Explain on a separate sheet of paper.

Yes ▶ Describe the types of outings/trips on a separate sheet of paper and attach photos, if any.

3. Are you currently living with your sponsor?

No ▶ Explain on a separate sheet of paper. If you are living with someone other than your sponsor, include their name and their relationship to you in your explanation.

Yes ▶ Period of cohabitation.

From

Day	Month	Year

 To

Day	Month	Year

4. Is your relationship known to your close friends and family?

No ▶ Explain on a separate sheet of paper.

Yes ▶ On a separate sheet of paper, give their names, relationship to you and the dates your sponsor met them.

5. Are you in a common-law relationship, i.e. have you and your sponsor lived together in a conjugal relationship for a period of at least one year?

No

Yes ▶ Provide written and documentary evidence of your relationship, e.g., joint insurance policies, wills, anything naming your partner as beneficiary, documents showing travel together, identity documents showing same address, documents showing joint ownership of possessions, joint mortgage/loan, joint lease/rental agreement, joint bank accounts/statements, etc.

6. If you are married, answer a) and b) below. If not, proceed to question 7.

a) Was your marriage arranged?

No

Yes ▶ On a separate sheet of paper, describe how the marriage was arranged.

b) Was there a honeymoon?

No

Yes

7. Were there formal ceremonies to recognize/celebrate your relationship, e.g., engagement ceremony, traditional/customary marriage ceremony, commitment ceremony, partnership ceremony, reception, etc?

No ▶ Explain on a separate sheet of paper.

Yes ▶ For each ceremony attach a photograph and provide, on a separate sheet of paper, the date, location, number of attendees and indicate who performed the ceremony.

Did the following persons attend the ceremony?

a) Your parents?

No ▶ Explain on a separate sheet of paper.

Yes

b) Your sponsor's parents?

No ▶ Explain on a separate sheet of paper.

Yes

8. Are you or your sponsor pregnant?

No

Yes ▶ Attach a letter from the attending physician indicating the anticipated date of birth.

9. a) Were you ever previously married or in a common-law relationship?

No

Yes ▶ Provide the following details about your previous spouse or common-law partner. If you have been involved in more than one relationship, use a separate sheet of paper to provide details.

Family name

Given name(s)

Date of birth

Day	Month	Year

Address No. and street

Town/City

Country

Length of relationship

Day	Month	Year

 To

Day	Month	Year

Date of divorce/ separation/death

Day	Month	Year

Divorce papers/separation papers/death certificate attached?

Yes

No ▶ Explain on a separate sheet of paper.



9. b) Were there any children from this marriage or common-law relationship?

- No
- Yes ► Give the following details on each child. If there is more than one child, attach a separate sheet of paper.

Family name

Given name(s)

Male OR Female

Date of birth Day Month Year

Indicate where he or she currently lives

Address
No. and street

Town/City

Country

Custody agreement attached (if applicable)

- Yes
- No ► Explain on a separate sheet of paper.

10. Was your sponsor ever previously married or in a common-law relationship?

- No
- Yes ► Provide the following details below:

a) Indicate the number of times your sponsor was in:

- a previous marriage
- a previous common-law relationship

b) Give the following details for each of your sponsor's previous spouses or common-law partners. If your sponsor has been involved in more than one relationship, use a separate sheet of paper to provide details.

Family name

Given name(s)

Date of birth Day Month Year

Address
No. and street

Town/City

Country

Length of relationship Day Month Year To Day Month Year

Date of divorce/separation/death Day Month Year

- Divorce papers/death certificate attached?
- Yes
- No ► Explain on a separate sheet of paper.

11. Has your sponsor ever submitted a sponsorship application for another person?

(Verify with your sponsor before answering this question)

- No
- Yes ► Give details below.

Family name

Given name(s)

Date of birth Day Month Year

Relationship to sponsor

12. On a separate sheet of paper, provide any additional details of your current relationship that you believe would help to prove your relationship is genuine and continuing.

Applicant's signature

Date Day Month Year

This section must be fully completed if an interpreter assisted you in the preparation of this form.

INTERPRETER DECLARATION

I,

solemnly declare that I have faithfully and accurately interpreted in the language

the content of this application and any related forms to the persons 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 if made under oath.

Interpreter's signature

Date Day Month Year



USE OF A REPRESENTATIVE

A representative is someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA). You may have **one** representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

Your dependent children aged 18 years or older must complete their own copy of this form if they have a representative.

- I am: appointing a representative. **Complete Sections A, B and D.**
 cancelling the appointment of a representative. **Complete Section A, C and D.**

SECTION A: APPLICANT INFORMATION

1. Your full name

Family name (Surname)

Given name(s)

2. Your date of birth

Day	Month	Year

3. If you have already submitted your application:

Name of office where the application was submitted

Location of office

Type of application (permanent residence, extension of study permit, etc.)

4. Your Citizenship and Immigration Canada Identification number (if known)

Client Identification (ID) or Unique Client Identifier (UCI) number

SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.
- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

5. Your representative's full name

Family name (Surname)

Given name(s)

6. Your representative: (choose one)

is UNPAID and is a:

family member or friend

member of a non-governmental or religious organization

member of the Canadian Society of Immigration Consultants, a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*.

other

is or will be PAID and is a member in good standing of:

the Canadian Society of Immigration Consultants (CSIC)

 ▶ Membership ID number

a Canadian provincial or territorial law society

 ▶ Which province or territory?

 ▶ Membership ID number

the *Chambre des notaires du Québec*

 ▶ Membership ID number

7. Your representative's contact information

Name of firm or organization (if applicable)			
Mailing address			
Postal code/ZIP			
Telephone number	Country code	Area code	Number
	()	()	
Fax number	Country code	Area code	Number
	()	()	
E-mail address (if applicable)			

By indicating your representative's e-mail address, you are hereby authorizing Citizenship and Immigration Canada to transmit your file and personal information to this specific e-mail address.

8. Your representative's declaration:

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

Signature of representative

Date

Day	Month	Year

SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

9. Your representative's full name

Family name (Surname)

Given name(s)

Name of firm or organization
(if applicable)
SECTION D: YOUR DECLARATION**10.**

- I declare that the information I have given is truthful, complete and correct.
- I understand all the foregoing statements, having asked for and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date

Day	Month	Year

Signature of spouse or common-law partner
(if applicable)

Date

Day	Month	Year

Warning! It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under 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 infosource.gc.ca and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**