



# 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<br>Day    Month    Year |  |  |
| 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](http://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   |
|---|---|---|---|
| <b>Family name</b>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Given name(s)</b>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Date of birth</b>  | <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"/> |
| <b>Country of birth</b>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Country of citizenship</b>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Relationship to you</b>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Seeking permanent residence</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Members of the Permit Holder Class:<br>Your family members are required to submit separate applications if they are seeking permanent residence.                                  |   |   |   |
| <b>Type of dependent child</b><br>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                      |
| <b>Passport details</b><br><b>OR</b><br><b>Travel document details</b>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>Passport/Travel document number</b>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Country of issue</b>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
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| <b>Client ID number</b>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Native language</b>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Language</b>   |   |   |   |
| 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  |
| 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  |
| <b>Height</b>   | <input type="text"/> cm <b>OR</b> <input type="text"/> ft <input type="text"/> in                     | <input type="text"/> cm <b>OR</b> <input type="text"/> ft <input type="text"/> in                     | <input type="text"/> cm <b>OR</b> <input type="text"/> ft <input type="text"/> in                     |
| <b>Colour of eyes</b>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Photos</b>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| 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](http://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   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|---|---|---|---|--------|-----|-----|--|---|--------------|-----------|--------|-----|-----|---|---|--------------|-----------|--------|-----|-----|--|--|--|--|--|--|---|-----|-------|------|--|--|--|--|--|--|--|--|--|
| <b>Family name</b>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Given name(s)</b>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Date of birth</b>  | <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 |  |  |  |  |  |  |  |  |  |
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| Day   | Month   | Year  |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
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|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| Day   | Month   | Year  |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Relationship to you</b>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Seeking permanent residence</b><br>Members of the Permit Holder Class:<br>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                          |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Type of dependent child</b><br>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  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Passport details</b>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>OR</b>   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Travel document details</b>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Passport/Travel document number</b>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Country of issue</b>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Date of issue</b>  | <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 |  |  |  |  |  |  |  |  |  |
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|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| Day   | Month   | Year  |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| Day   | Month   | Year  |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Date of expiry</b>   | <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 |  |  |  |  |  |  |  |  |  |
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|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
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|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| Day   | Month   | Year  |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
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|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| Day   | Month   | Year  |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
|   |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Height</b>   | <input type="text"/> cm <b>OR</b> <input type="text"/> ft <input type="text"/> in   | <input type="text"/> cm <b>OR</b> <input type="text"/> ft <input type="text"/> in | <input type="text"/> cm <b>OR</b> <input type="text"/> ft <input type="text"/> in |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Colour of eyes</b>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Name of guardian (where applicable)</b>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Address of family member, guardian or dependent child</b>  |   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>No. and street</b>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>City</b>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Country</b>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Postal code</b>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Telephone number at home</b>   | <table border="1"><tr><td>Country code</td><td>Area code</td><td>Number</td></tr><tr><td>( )</td><td>( )</td><td></td></tr></table>   | Country code  | Area code   | Number | ( ) | ( ) |  | <table border="1"><tr><td>Country code</td><td>Area code</td><td>Number</td></tr><tr><td>( )</td><td>( )</td><td></td></tr></table> | Country code | Area code | Number | ( ) | ( ) |   | <table border="1"><tr><td>Country code</td><td>Area code</td><td>Number</td></tr><tr><td>( )</td><td>( )</td><td></td></tr></table> | Country code | Area code | Number | ( ) | ( ) |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| Country code  | Area code   | Number  |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| ( )   | ( )   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| Country code  | Area code   | Number  |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| ( )   | ( )   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| Country code  | Area code   | Number  |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| ( )   | ( )   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| <b>Alternative telephone number (for messages)</b>  | <table border="1"><tr><td>Country code</td><td>Area code</td><td>Number</td></tr><tr><td>( )</td><td>( )</td><td></td></tr></table>   | Country code  | Area code   | Number | ( ) | ( ) |  | <table border="1"><tr><td>Country code</td><td>Area code</td><td>Number</td></tr><tr><td>( )</td><td>( )</td><td></td></tr></table> | Country code | Area code | Number | ( ) | ( ) |   | <table border="1"><tr><td>Country code</td><td>Area code</td><td>Number</td></tr><tr><td>( )</td><td>( )</td><td></td></tr></table> | Country code | Area code | Number | ( ) | ( ) |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| Country code  | Area code   | Number  |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| ( )   | ( )   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| Country code  | Area code   | Number  |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| ( )   | ( )   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| Country code  | Area code   | Number  |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |
| ( )   | ( )   |   |   |        |     |     |  |   |              |           |        |     |     |   |   |              |           |        |     |     |  |  |  |  |  |  |   |     |       |      |  |  |  |  |  |  |  |  |  |



**7. MY EDUCATION** Indicate the number of years you have successfully completed at each level.

|  |                                      |                                   |  |
|--|--------------------------------------|-----------------------------------|--|
| Years of elementary/<br>primary school ▶ | Years of secondary/<br>high school ▶ | Years of university/<br>college ▶ | Years of formal<br>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 |   | To |   | Name of Institution<br>(including apprenticeship/training) | City/Province/State/Country | Type of certificate or<br>diploma issued |
|------|---|----|---|--|-----------------------------|--|
| M    | Y | M  | Y |  |                             |  |
|      |   |    |   |  |                             |  |
|      |   |    |   |  |                             |  |
|      |   |    |   |  |                             |  |
|      |   |    |   |  |                             |  |
|      |   |    |   |  |                             |  |
|      |   |    |   |  |                             |  |
|      |   |    |   |  |                             |  |

**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 |   | To |   | Name of company/employer where I worked.<br>If self-employed, write "self-employed";<br>if unemployed, write "unemployed"<br>(write name in full, do not use abbreviations) | City/Province/State/Country | My occupation<br>(or "unemployed") |
|------|---|----|---|---|-----------------------------|------------------------------------|
| M    | Y | M  | Y |   |                             |                                    |
|      |   |    |   |   |                             |                                    |
|      |   |    |   |   |                             |                                    |
|      |   |    |   |   |                             |                                    |
|      |   |    |   |   |                             |                                    |
|      |   |    |   |   |                             |                                    |
|      |   |    |   |   |                             |                                    |
|      |   |    |   |   |                             |                                    |
|      |   |    |   |   |                             |                                    |

**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 |   | To |   | Street and number<br>(do not use P.O. Box address) | City or town | Province,<br>state or district | Country |
|------|---|----|---|--|--------------|--------------------------------|---------|
| M    | Y | M  | Y |  |              |                                |         |
|      |   |    |   |  |              |                                |         |
|      |   |    |   |  |              |                                |         |
|      |   |    |   |  |              |                                |         |
|      |   |    |   |  |              |                                |         |
|      |   |    |   |  |              |                                |         |
|      |   |    |   |  |              |                                |         |
|      |   |    |   |  |              |                                |         |
|      |   |    |   |  |              |                                |         |

