

PROTECTED PERSONS

PROTECTED WHEN COMPLETED - B

FOR OFFICE USE ONLY

IN CANADA APPLICATION FOR PERMANENT RESIDENCE

CLIENT ID NUMBER

- I AM: (check all that apply) the principal applicant
 a family member aged 18 years or older of the principal applicant
 a member of the Protected Temporary Residents Class (see definition in Overview section of the application guide)

(Carefully follow the instructions while completing this form. Attach a separate sheet of paper if you need more space.)

A PERSONAL INFORMATION

1 SURNAME (FAMILY NAME)		GIVEN NAME(S)	
2 ALL OTHER NAMES (Include maiden names, previous married name(s), aliases, nicknames)			3 SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4 HEIGHT CM or Feet Inches	5 EYE COLOUR <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Hazel (yellowish brown) <input type="checkbox"/> Other _____		
6 DATE OF BIRTH D M Y	CITY, TOWN, STATE / PROVINCE AND COUNTRY PLACE OF BIRTH ▶		
7 CITIZEN OF (1) _____ (2) _____		8 COUNTRY OF LAST PERMANENT RESIDENCE <input type="checkbox"/> SINCE BIRTH <input type="checkbox"/> SINCE _____ Year	
9 MY PRESENT MARITAL STATUS (If more than one applies, please indicate e.g. divorced but now engaged) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED ▶ NUMBER OF TIMES _____ <input type="checkbox"/> ANNULLED <input type="checkbox"/> WIDOWED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> ENGAGED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED		10 LANGUAGES SPEAK READ WRITE ENGLISH ▶ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FRENCH ▶ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 MOST RECENT ENTRY TO CANADA DAY MONTH YEAR PLACE	
12 MY CURRENT MAILING ADDRESS IN CANADA. No. and street Apt./Unit City/Town Province Postal code		13 MY RESIDENTIAL ADDRESS IN CANADA (if different from mailing address) No. and street Apt./Unit City/Town Province Postal code	
14 HOME TELEPHONE NO. IN CANADA AREA CODE NUMBER TELEPHONE NO. FOR MESSAGES AREA CODE NUMBER		15 INDICATE MOST CONVENIENT TIME TO REACH YOU BY TELEPHONE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	

B MY FAMILY MEMBERS WHO ARE IN CANADA

1 LIST ALL YOUR FAMILY MEMBERS IN CANADA	2 RELATIONSHIP	3 DATE OF BIRTH D M Y	4 HEIGHT AND EYE COLOUR	5 COUNTRY OF BIRTH	6 INCLUDE IN APPLICATION?
1. SURNAME (FAMILY NAME) GIVEN NAME(S)		CLIENT ID			<input type="checkbox"/> YES <input type="checkbox"/> NO
2. SURNAME (FAMILY NAME) GIVEN NAME(S)		CLIENT ID			<input type="checkbox"/> YES <input type="checkbox"/> NO
3. SURNAME (FAMILY NAME) GIVEN NAME(S)		CLIENT ID			<input type="checkbox"/> YES <input type="checkbox"/> NO
4. SURNAME (FAMILY NAME) GIVEN NAME(S)		CLIENT ID			<input type="checkbox"/> YES <input type="checkbox"/> NO
5. SURNAME (FAMILY NAME) GIVEN NAME(S)		CLIENT ID			<input type="checkbox"/> YES <input type="checkbox"/> NO
7 LANGUAGES SPOKEN BY MY FAMILY MEMBERS ▶ 1) _____ 2) _____					

C FAMILY MEMBERS OUTSIDE CANADA

1 NAMES OF FAMILY MEMBERS SURNAME (FAMILY NAME) GIVEN NAME(S)		2 RELATIONSHIP	3 DATE OF BIRTH D M Y	4 COUNTRY OF BIRTH	5 INCLUDE IN APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO
1.					<input type="checkbox"/> YES <input type="checkbox"/> NO
HEIGHT AND EYE COLOUR		ADDRESS:			
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO
HEIGHT AND EYE COLOUR		ADDRESS:			
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO
HEIGHT AND EYE COLOUR		ADDRESS:			

D IDENTITY DOCUMENTS PLEASE PROVIDE DETAILS OF YOUR IDENTITY DOCUMENT(S) (SEE INSTRUCTIONS FOR FURTHER INFORMATION)

NAME ON DOCUMENT	TYPE OF DOCUMENT	COUNTRY OF ISSUE	DATE OF ISSUE			EXPIRY DATE			SERIAL NUMBER
			D	M	Y	D	M	Y	
1.									
2.									
3.									
4.									
5.									
6.									

E YOUR EDUCATION (INDICATE THE NUMBER OF YEARS YOU HAVE SUCCESSFULLY COMPLETED AT EACH LEVEL)

YEARS OF ELEMENTARY / PRIMARY SCHOOL ▶	YEARS OF SECONDARY / HIGH SCHOOL ▶	YEARS OF UNIVERSITY / COLLEGE ▶	YEARS OF FORMAL APPRENTICESHIP / TRAINING ▶
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F YOUR POST SECONDARY EDUCATION

Print the information requested for each course of instruction you have completed since secondary school. Begin with the most recent course completed.

DATES		NAME OF INSTITUTION (including apprenticeship / training)	CITY AND COUNTRY	TYPE OF CERTIFICATE OR DIPLOMA ISSUED
FROM	TO			
M Y	M Y			

G YOUR ACTIVITY FOR THE PAST 10 YEARS

You must account for all of your time in the past 10 years. This includes all jobs, periods of unemployment, study, travel, etc.

Your application will be returned to you if there is any period of time that you do not list where you worked, or if you were unemployed, or attending school.

DATES		NAME OF COMPANY WHERE I WORKED, OR SCHOOL I ATTENDED. IF YOU WERE NOT WORKING DESCRIBE YOUR ACTIVITY (e.g. unemployed, studying, traveling, etc.) (Write name in full, do not use abbreviations)	CITY AND COUNTRY	DETAILS (e.g. job title, academic program title, unemployed, etc.)
FROM	TO			
M Y	M Y			

H ADDRESSES OF THE PLACES WHERE YOU HAVE LIVED FOR THE PAST 10 YEARS

Print the information requested for each address you have had in the past ten years. Include addresses you have had in Canada and in other countries. You must put down every address no matter how short a period of time you stayed there. **Your application will be returned if there is any period of time for which you have not shown an address. Do not use post office (P.O.) box addresses. If no street number, explain why.**

DATES				STREET AND NUMBER (Do not use P.O. box address)	CITY OR TOWN, STATE	COUNTRY
FROM		TO				
M	Y	M	Y			

I ORGANIZATIONS YOU BELONGED TO

List any organizations that, since your 18th birthday, you have been (or still are) a member of or have been associated with or have supported, including political, social, youth, student or vocational organizations such as trade unions and professional associations. Include any military service (show rank, unit and location of service in last column). If you did not or do not belong to any organizations, print **"I did not or do not belong to any organizations."** Do not use abbreviations or acronyms. **Your application will be returned if full name of organization is not used.**

DATES				NAME AND ADDRESS OF ORGANIZATION (Do not use abbreviations)	TYPE OF ORGANIZATION	POSITION HELD (if any)
FROM		TO				
M	Y	M	Y			

J YOUR PARENTS

DATE OF BIRTH OR AGE OF PARENTS		CITY, TOWN AND COUNTRY OF BIRTH
FATHER'S FULL NAME FAMILY NAME GIVEN NAME(S)	D M Y OR AGE ►	
PRESENT ADDRESS IN FULL (if deceased, give date of death)		
MOTHER'S FULL NAME BEFORE MARRIAGE FAMILY NAME GIVEN NAME(S)	D M Y OR AGE ►	
PRESENT ADDRESS IN FULL (if deceased, give date of death)		

K PHOTOGRAPHS

Attach two (2) photographs of yourself and each family member in Canada to this form. Print the name of the person on the back of each photograph.

STAPLE PHOTOS HERE
(Do not use glue)

L DECLARATION OF APPLICANT

	YES / NO
1. Are you a permanent resident of Canada? ▶	<input type="checkbox"/>
2. Are you recognized as a Convention refugee or Protected Person by a country other than Canada? If "YES", can you return to that country? ▶	<input type="checkbox"/>
3. Are you a citizen or national of more than one country? If "YES", what countries? _____ Can you return to that country? ▶	<input type="checkbox"/>
4. Are you a legal and permanent resident of any country? If "YES", what country(ies)? _____ Can you return to that country? ▶	<input type="checkbox"/>
5. Have you or any of your family members in Canada or abroad ever been convicted of a crime or offence for which a pardon has not been granted under the <i>Criminal Records Act of Canada</i> ? ▶	<input type="checkbox"/>
6. Have you or any of your family members in Canada or abroad ever been convicted of a crime or offence in another country? ▶	<input type="checkbox"/>
7. Have you or any of your family members in Canada or abroad ever been charged for a crime or offence in Canada or any other country? ▶	<input type="checkbox"/>
8. In periods of either peace or war, have you ever been involved in the commission of a war crime or crime against humanity such as the willful killing, torture, attacks, enslavement, starvation or other inhumane acts committed against civilians or prisoners of war or the deportation of civilians? ▶	<input type="checkbox"/>
If the answer to any of the questions above is "YES", provide details on a separate sheet.	

M ADDITIONAL DECLARATION

	YES / NO						
In addition to answering the above questions truthfully, I declare the following:							
1. That the information I have given on this application is truthful and correct; ▶	<input type="checkbox"/>						
2. I understand that any false statements or concealment of a material fact or a fraudulent entry on this application may be grounds for criminal prosecution and/or removal from Canada even if I am granted Permanent Resident Status; ▶	<input type="checkbox"/>						
3. Should my answers to the above questions on this application form change at any time prior to my being granted permanent resident status in Canada, I will report these changes to Citizenship and Immigration Canada; ▶	<input type="checkbox"/>						
4. I understand that the information I provide in my application is collected under the authority of the <i>Immigration and Refugee Protection Act</i> and will be used by Immigration Officers to assess my request for permanent resident status, including details concerning past criminality. ▶	<input type="checkbox"/>						
5. I understand all the above statements and questions, having asked for and obtained an explanation on every point which was not clear to me. ▶	<input type="checkbox"/>						
Signature of Applicant ▶	Date ▶ <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <td style="border-bottom: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border-bottom: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border-bottom: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> </table>	D	M	Y			
D	M	Y					

N AUTHORITY TO DISCLOSE PERSONAL INFORMATION

	YES / NO						
1. I hereby authorize all governmental authorities, including all police, judicial and state authorities in all the countries in which I have resided, to release to the Canadian Government authorities all records and information that they may possess on me concerning any investigations, arrests, charges, trials, convictions and sentences. I understand that this information will be used to assist in determining if I will become a permanent resident or for any other purpose pursuant to the <i>Immigration and Refugee Protection Act and Regulations</i> . ▶	<input type="checkbox"/>						
2. I understand that having applied for permanent residence in Canada, I (and my family) may be required to undergo a medical examination, and I therefore consent to the release of specific details concerning the medical condition of myself (and my family, if applicable), to Citizenship and Immigration Canada authorities and all other judicial bodies. ▶	<input type="checkbox"/>						
Signature of Applicant ▶	Date ▶ <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <td style="border-bottom: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border-bottom: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border-bottom: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> </table>	D	M	Y			
D	M	Y					

O INTERPRETER'S DECLARATION (IF APPLICABLE)

I have faithfully and accurately interpreted in _____ the information provided above. (the language)								
NAME	PLACE SIGNED	RELATIONSHIP TO APPLICANT						
Signature of Interpreter ▶		Date ▶ <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <td style="border-bottom: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border-bottom: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border-bottom: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> </table>	D	M	Y			
D	M	Y						

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used for the purpose of assessing your application for permanent residence in Canada according to the requirements of the Act. It will be retained in Personal Information Bank CIC PPU 042 entitled Immigrant Case File 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.**