



# APPLICATION TO CHANGE CONDITIONS, EXTEND MY STAY OR REMAIN IN CANADA

NOTE: This form can be used to request/apply for more than one of the services listed below.  
Payment of fees does not guarantee approval of the application.

I want service in  English  French

## I AM APPLYING FOR:

### These visitor, student and worker services

"A"  Extension of temporary resident status as a visitor  
 "B"  An initial study permit or extension of study permit

"C"  An initial work permit or extension of work permit

"D"  Restoration of temporary resident status as a visitor, student or worker

### And/or these temporary resident permit holder services

"E"  Another temporary resident permit.  
Include two passport photos.

Client ID Number

## A - PERSONAL INFORMATION

|   |   |   |  |
|---|---|---|--|
| 1 Surname (Family name)   |   | Given name(s)   |  |
| Other name(s) used  |   |   | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of birth<br>Y M D  | Place of birth (City, state/province and country) |   |  |
| Citizenship   | Passport number                                   | Date of issue<br>Y M D  | Expiry date<br>Y M D   |
| Country of last permanent residence   |   | <input type="checkbox"/> Since birth <input type="checkbox"/> Since the year  |  |
| <b>MARITAL STATUS</b> <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> If you are married, is your spouse a Canadian citizen or permanent resident?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law partner |   |   |  |
| My residential address in Canada  |   | My current mailing address in Canada (if different from my residential address). All correspondence will go to this address. If you wish to authorize the release of information from your case file to a representative, indicate their address below and on the form IMM 5476 |  |
| No. and street  |   | Apt./Unit   |  |
| City/Town   |   | Province  |  |
| Postal code   |   | Postal code   |  |
| Telephone number in Canada:   | Area code   | Fax number:   | Area code  |
| Telephone number in Canada for messages:  |   | Area code   |  |

## B - MY FAMILY MEMBERS

|   |                        |                                     |  |   |                  |
|---|------------------------|-------------------------------------|--|---|------------------|
| 2 Surname (Family name)   |                        | Given name(s)                       |  | Relationship  | Client ID number |
| Date of birth<br>Y M D  | Country of birth       | Country of last permanent residence |  | Citizenship   |                  |
| Passport number   | Date of issue<br>Y M D | Expiry date<br>Y M D                |  | Type(s) of document requested<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None |                  |
| My family member is in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |                                     |  |   |                  |
| 3 Surname (Family name)   |                        | Given name(s)                       |  | Relationship  | Client ID number |
| Date of birth<br>Y M D  | Country of birth       | Country of last permanent residence |  | Citizenship   |                  |
| Passport number   | Date of issue<br>Y M D | Expiry date<br>Y M D                |  | Type(s) of document requested<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None |                  |
| My family member is in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |                                     |  |   |                  |
| 4 Surname (Family name)   |                        | Given name(s)                       |  | Relationship  | Client ID number |
| Date of birth<br>Y M D  | Country of birth       | Country of last permanent residence |  | Citizenship   |                  |
| Passport number   | Date of issue<br>Y M D | Expiry date<br>Y M D                |  | Type(s) of document requested<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None |                  |
| My family member is in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |                                     |  |   |                  |

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

|   |                        |                                     |   |
|---|------------------------|-------------------------------------|---|
| <b>5</b> Surname (Family name)  | Given name(s)          | Relationship                        | Client ID number  |
| Date of birth<br>Y M D  | Country of birth       | Country of last permanent residence | Citizenship   |
| Passport number   | Date of issue<br>Y M D | Expiry date<br>Y M D                | Type(s) of document requested<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None |
| My family member is in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |                                     |   |

|   |                        |                                     |   |
|---|------------------------|-------------------------------------|---|
| <b>6</b> Surname (Family name)  | Given name(s)          | Relationship                        | Client ID number  |
| Date of birth<br>Y M D  | Country of birth       | Country of last permanent residence | Citizenship   |
| Passport number   | Date of issue<br>Y M D | Expiry date<br>Y M D                | Type(s) of document requested<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None |
| My family member is in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |                                     |   |

**C - COMING INTO CANADA**

|  |   |
|--|---|
| <b>7</b> Original entry to Canada<br>Date<br>Place (city, province)<br>Y M D | <b>8</b> Most recent entry to Canada (if not the same as original entry)<br>Date<br>Place (city, province)<br>Y M D |
|--|---|

**9** My original reason for coming to Canada:

**D - MY REQUEST**

**10** I want to:  extend my stay in Canada until Y M D  extend the stay of my family members in Canada until Y M D AND / OR  change conditions

for the following reasons (Give complete details):

**11** To support myself in Canada:

I have \$ \_\_\_\_\_ (Canadian dollars) available.

I receive support from:  Self  Relative  Friend  General Welfare Assistance  Other

Other details:

12 If you or your family members

- remained beyond the validity of your status
- attended school without authorization
- worked without authorization

please give the reasons and circumstances concerning the situation(s):

13 Have you or any of your family members in Canada ever been convicted of or charged with a crime or offence in any country?

YES  NO

If "yes", give details (name, date and place of charge; name, date and place of conviction, offence, sentence).  
If you require more space, use a separate sheet of paper.

14 Have you or any of your family members in Canada suffered from any serious mental or physical illness?

YES  NO

If "yes", give details (name of illness, period of illness, treatment received). If you require more space, use a separate sheet of paper.

 **IMPORTANT: YOU MUST READ AND SIGN THIS SECTION**

**Notice Regarding Personal Information**

- The information you provided in this application is collected under the authority of the *Immigration and Refugee Protection Act* and will be used to maintain a record of applications and sponsorship undertakings for the purpose of the administration of the Act. It will be retained in the Personal Information Banks CIC PPU 051 or CIC PPU 053 or CIC PPU 054 depending on the type of application made. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS) and foreign governments in accordance with subsection 8(2) of the *Privacy Act*. In accordance with the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at the Infosource website (<http://www.infosource.gc.ca/>) and through the Citizenship and Immigration Canada Call Centre. Infosource is also available at Public Libraries across Canada.
- I consent to the release to CIC and CBSA of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

**Declaration of Applicant**

- I declare that the information I have given in this application is truthful, complete and correct.
- I understand that making any false statement is an offence under section 127 of the *Immigration and Refugee Protection Act*. Any false statement may be grounds for removal and may result in inadmissibility.

I have read and understand this consent as well as the notice regarding personal information.

I understand that I am not obliged to consent to the release of information. However, failure to do so will mean that the request will not be processed.

By signing this section, I consent to the release of information and I declare that the information I have given in this application is truthful, complete and correct.

I agree ►       I do not agree ►



**Signature of APPLICANT**

Date

| Year | Month | Day |
|------|-------|-----|
| _ _  | _     | _   |