



APPLICATION FOR PERMANENT RESIDENCE IN CANADA

BEFORE YOU START, READ THE INSTRUCTION GUIDE
TYPE or PRINT in black ink

Category under which you are applying (see instructions)

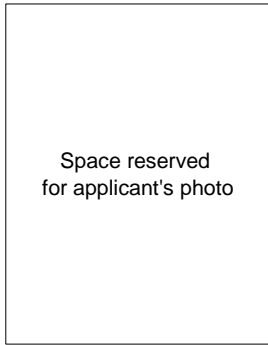
Family class Refugees outside Canada
 Economic class Canadian Experience Class
 Federal Skilled Worker Class Other

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

Language you prefer for:

Correspondence: English French
 Interview: English French Other

Visa Office requested for the process of your application:



FOR OFFICE USE ONLY
Office file number (or IMM 1343 Case Label)

Date of receipt stamp at post

1. Your full name (as shown in your passport or travel document)

Family name
 Given name(s)

2. Your sex Male Female

3. Your date of birth

Year Month Day

4. Your place of birth Town/City

Country

5. Your country of citizenship

Your country of residence

6. Your native language

7. Your height cm OR ft in

8. Colour of your eyes

9. 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

Year Month Day

10. Have you previously been married or in a common-law relationship?

No Yes ► Give the following details for each previous spouse or partner. If you do not have enough space, provide details on a separate sheet of paper.

Name of previous spouse or partner

Date of birth Year Month Day

Type of relationship Marriage Common-law union

From Year Month Day to Year Month Day

11. Your knowledge of English and French

Can you communicate in English? Yes No
 Can you communicate in French? Yes No

12. 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 Ph D
 Non-university certificate/diploma

13. Your current occupation

14. Your mailing address (include city and country)

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

16. Your telephone numbers

	Country code	Area code	Number
At home	()	()	
Alternative	()	()	

17. Your e-mail address, if applicable

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

18. Details from your passport

Passport number
 Country of issue
 Date of expiry Year Month Day

19. Your identity card number, if applicable

20. Where do you intend to live in Canada?

City/Town
 Province/Territory



DETAILS OF FAMILY MEMBERS

You must provide the following details about each of your family members, whether they will be accompanying you to Canada or not. **You must include your spouse or common-law partner, if applicable, and all of your dependent children, and those of your spouse or common-law partner, who are not already permanent residents or citizens of Canada.**

If you have more than three family members, photocopy this page before you start completing it 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.

	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"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day
Place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current country of residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other countries with resident status	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status (use one of the categories in question 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Will accompany you to Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport details	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of expiry	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day
Identity card number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native language	<input type="text"/>	<input type="text"/>	<input type="text"/>
Knowledge of English and 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
Can communicate in 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
Can communicate in 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
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of years of formal education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level of education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<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 and date of birth on the back of the photo	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Space reserved for family member's photo	Space reserved for family member's photo	Space reserved for family member's photo

DETAILS OF FAMILY MEMBERS

You must provide the following details about each of your family members, whether they will be accompanying you to Canada or not. **You must include your spouse or common-law partner, if applicable, and all of your dependent children, and those of your spouse or common-law partner, who are not already permanent residents or citizens of Canada.**

If you have more than three family members, photocopy this page before you start completing it 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.

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Place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current country of residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other countries with resident status	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status (use one of the categories in question 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Will accompany you to Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport details	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of expiry	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day
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Total number of years of formal education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level of education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<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 and date of birth 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

10. Education

Give the number of years of school you successfully completed for each of the following levels of education.

 Elementary/
primary school

 Secondary/
high school

 University/
college

 Trade school or other
post secondary school

Give full details of all the secondary and post secondary education (including university, college and apprenticeship training) you have had.

From		To		Name of institution	City and country	Type of certificate or diploma issued
Y	M	Y	M			

11. Personal history

Provide the details of your personal history since the age of 18.

Start with the most recent information. Under "Activity", write your occupation or job title if you were working. If you were not working, provide information on what you were doing (for example: unemployed, studying, travelling, in detention, etc.).

Note: Please ensure that you do not leave any gaps in time.



Failure to account for all time periods will result in a delay in the processing of your application.

From		To		Activity	City or town and country	Name of company, employer, school, facility, as applicable
Y	M	Y	M			

12. Membership or association with organizations

What organizations have you supported, been a member of or been associated with? Include any political, social, youth or student organization, trade unions and professional associations. Do not use abbreviations. Indicate the city and country where you were a member.

Write "NONE" in the box if you have not been a member of any association/organization.

From		To		Name of organization	Type of organization	Activities and/or positions held within organization	City and country
Y	M	Y	M				

13. Government positions

List any government positions (such as civil servant, judge, police officer) you have held. Do not use abbreviations.

Write "NONE" in the box if you have not held any government position.

From		To		Country and level of jurisdiction (e.g. national, regional, municipal)	Department/Branch	Activities and/or positions held
Y	M	Y	M			

14. Military service

Provide below details of military service for each of the countries in whose armed forces you served. Write "NONE" in the box if you have not undertaken military service.

Name of country

From Y M	To Y M	Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and places of any active combat

Name of country

From Y M	To Y M	Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and places of any active combat

15. Addresses

List all addresses where you have lived since your 18th birthday. Do not use P.O. box addresses.

From Y M	To Y M	Street and number	City or town	Province, State or District	Country

Authority to disclose personal information

By submitting this form, you consent to the release to 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 concerning any investigations, arrests, charges, trials, convictions and sentences. This information will be used to assist in evaluating your suitability for admission to Canada or remaining in Canada pursuant to Canadian legislation.

Declaration

This declaration covers the information I have provided on this form and all the information submitted in my application for permanent residence as well as in the attached schedules and accompanying documents.

- I declare that the information I have given is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I also understand that should I be found to be inadmissible for misrepresentation, I may be barred from entering Canada for a period of two years following a final determination of my inadmissibility or, if this determination is made in Canada, my removal from Canada.
- I understand that if I wish to work in a regulated occupation, it is my responsibility to obtain information on the licensing requirements from the appropriate regulatory body in Canada and that should I be issued a permanent resident visa for Canada, I am not guaranteed employment in Canada in my occupation or in any other occupation.
- I understand that should I be issued a permanent resident visa for Canada, conditions may be imposed on me at the time of its issuance and that I will be required to meet them.
- I understand all the foregoing statements, having asked for and obtained an explanation on every point that was not clear to me.
- I realize that once this document has been completed and signed, it will form part of my Immigration Record and will be used to verify my family details on future applications.
- I will immediately inform the Canadian visa office where I submitted my application if any of the information or the answers provided in my application forms change.

Signature

Date

Year	Month	Day

DO NOT COMPLETE THE FOLLOWING SECTION NOW. YOU MAY BE ASKED TO SIGN IN THE PRESENCE OF A REPRESENTATIVE OF THE CANADIAN GOVERNMENT OR AN OFFICIAL APPOINTED BY THE CANADIAN GOVERNMENT.

Solemn declaration

I, , do solemnly declare that the information I have given in the foregoing application is truthful, complete and correct, 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.

Signature of applicant

Interpreter declaration

I, , do solemnly declare that I have faithfully and accurately interpreted in the language the content of this application and any related forms to the person concerned.

I have been informed by the person concerned, and I do verily believe, that he or 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 is made under oath.

Signature of interpreter

Declared before me at

this

day of

of the year

--

Canadian Government official

Name ►

Please print or type

Signature ►

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. This information will be retained in the Personal Information Bank CIC PPU 039 entitled Overseas Immigration Case File. Under the provisions of the *Privacy Act* and the *Access to Information Act*, individuals have the right to protection of and access to their personal information. Instructions for obtaining information are provided in InfoSource, a copy of which is located in all Citizenship and Immigration Offices.

10. Education

Give the number of years of school you successfully completed for each of the following levels of education.

 Elementary/
primary school

 Secondary/
high school

 University/
college

 Trade school or other
post secondary school

Give full details of all the secondary and post secondary education (including university, college and apprenticeship training) you have had.

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Provide the details of your personal history since the age of 18.

Start with the most recent information. Under "Activity", write your occupation or job title if you were working. If you were not working, provide information on what you were doing (for example: unemployed, studying, travelling, in detention, etc.).

Note: Please ensure that you do not leave any gaps in time.

Failure to account for all time periods will result in a delay in the processing of your application.

From		To		Activity	City or town and country	Name of company, employer, school, facility, as applicable
Y	M	Y	M			

15. Addresses

List all addresses where you have lived since your 18th birthday. Do not use P.O. box addresses.

From		To		Street and number	City or town	Province, State or District	Country
Y	M	Y	M				



SCHEDULE 6

ECONOMIC CLASSES - BUSINESS IMMIGRANTS

THE PRINCIPAL APPLICANT MUST COMPLETE THIS FORM.

By submitting this form, you consent to the release by the Canadian Government, as necessary, of any personal financial information or corporate financial information of which you are the proprietor to the appropriate government authorities.

It is important that you complete this form fully and accurately, so that we can better assess your financial background and standing, your personal history and experience.

The information you provide will be used to gauge your ability to meet the requirements of the *Immigration and Refugee Protection Act* and *Regulations* as it applies to applicants in the Entrepreneur, Investor or Self-Employed persons classes.

Before you start completing this form, make enough photocopies for your needs. You can also print all or part of this form from our Web site at www.cic.gc.ca

If there is not enough space to provide all the necessary information, attach a separate sheet of paper with further details. Print your name at the top of each additional sheet and indicate the form's title and the number of the question you are answering.

1. Indicate which class you are applying under (choose one only)

Investor Entrepreneur Self-employed Persons

2. Your full name

Family name

Given name(s)

3. Your date of birth

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

4. Language

Which is your first official language: English French

Which is your second official language: English French

Your proficiency in English

	High	Moderate	Basic	None
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your proficiency in French

	High	Moderate	Basic	None
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Language (continued)

Have you taken an approved test to assess your proficiency in English or French?

Yes ► Provide a copy of approved test results.

No ► Provide evidence of your proficiency in Canada's official languages.

If you are applying under the **investor class**, complete all of pages **2, 4 and 5**. Do **not** complete pages 3 and 6.

If you are applying under the **entrepreneur class**, complete all of page **2 (except question 9)** and pages **4, 5 and 6**. Do **not** complete page 3.

If you are applying under the **self-employed persons class**, complete all of pages **3, 4 and 5**. Do **not** complete pages 2 and 6.

If you are applying under the **investor class**, complete all of questions **6 - 7** and questions **8 or 9** on this page and proceed to page 4.
 If you are applying under the **entrepreneur class**, complete all of questions **6 - 8** on this page and proceed to page 4.
 If you are applying under the **self-employed persons class**, do **not** complete this page.

6. Have you made a business exploration trip to Canada in the five years preceding the date of your application?

No Yes ► Give details

7. Have you participated in business immigration initiatives administered jointly by the federal and provincial governments of Canada?

No Yes ► Give details

8. Business ownership / Performance summary
 (PLEASE COMPLETE ONE FORM PER BUSINESS)

A Name of business (Complete in full)				
B Type of business:		C Type of ownership:		
		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
D Identify partner and percentage (%) of ownership (including spouse or common-law partner)				
Name of partner(s) with more than 10% ownership				Percentage (%) of ownership
E Business ownership in the 5 years preceding the date of application	ANNUAL SALES	NET INCOME (AFTER TAX)	NET ASSETS	NUMBER OF FULL-TIME JOB EQUIVALENTS
Most recent operating year				
M Y to M Y				
Previous year 1				
M Y to M Y				
Previous year 2				
M Y to M Y				
Previous year 3				
M Y to M Y				
Previous year 4				
M Y to M Y				

9. For investor class applicants only:

Experience in business management

In order to meet the business experience option, "management of at least 5 full-time job equivalents per year in the business," you must have managed the full-time job equivalents for at least 2 years in the past 5 years. Provide details including the name(s) of the business(es), your job title, your management responsibilities, your salary, and the number of full-time employees that you managed. Use a separate page if necessary.

ASSETS (continued)**E BUSINESS** (Use a separate page if necessary)

Name	% owned	Current book value (net assets)	Estimated current market value	
			Foreign (specify currency)	Canadian\$
TOTAL				

F PENSIONS AND OTHER ASSETS (Use a separate page if necessary)

Description	Amount	
	Foreign (specify currency)	Canadian\$
TOTAL		

LIABILITIES**G REAL PROPERTY MORTGAGES** (Use a separate page if necessary)

Complete Address	Current balance	
	Foreign (specify currency)	Canadian\$
TOTAL		

H OTHER PERSONAL DEBTS (Use a separate page if necessary)

Nature of debt	Amount	
	Foreign (specify currency)	Canadian\$
TOTAL		

I NET WORTH

Total assets (A + B + C + D + E + F)	CDN\$	<input type="text"/>
Less total liabilities (G + H)	- CDN\$	<input type="text"/>
= NET WORTH	= CDN\$	<input type="text"/>

J Total funds available for settlement in CanadaCDN\$

For applicants in the Entrepreneur Class only:**16. Entrepreneur's Declaration**

I intend and have the ability to meet the conditions of the Entrepreneur Class, namely that after I become a permanent resident of Canada, I must:

- control a percentage of equity of a qualifying Canadian business equal to or greater than 33 1/3%;
- provide active and ongoing management of the qualifying Canadian business;
- create at least one incremental full-time job equivalent for Canadian citizens or permanent residents, other than for myself or my family members;
- meet these conditions for a period of at least one year within a period of three years after I become a permanent resident;
- provide to an officer evidence of compliance with the conditions within the period of three years after the day I become a permanent resident; and
- provide to an officer, not later than six months after the day I become a permanent resident; my residential address and telephone number; and during the period beginning 18 months after and ending 24 months after the day I become a permanent resident, evidence of my efforts to comply with these conditions.

I also acknowledge and understand that all of my family members are subject to the condition that I meet the above conditions.

I have read and understand the above declaration and I will meet the conditions as they are listed.

Yes No

(If you do not check "Yes", your application will be returned to you.)



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.**