



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)

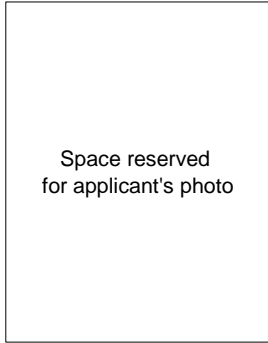
Family class Refugees outside Canada
 Economic class Canadian Experience Class
 Federal Skilled Worker Class Other

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

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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"/>
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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

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.

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			

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				



ADDITIONAL FAMILY INFORMATION

Complete ALL names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). If additional space is required attach a separate sheet.

SECTION A

Name	Relationship	Date of birth Day Month Year	Place of birth	Marital status	Present address
	Applicant				
	Spouse or common-law partner SEE NOTE 1				
	Mother				
	Father				

NOTE 1: If no spouse or common-law partner is listed in Section A, read and sign below.
 I certify that I do not have a spouse or a common-law partner, ex-spouse, or former common-law partner.

Signature

Day	Month	Year

Date

SECTION B CHILDREN (Include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)

Name	Relationship SEE NOTE 2	Date of birth Day Month Year	Place of birth	Marital status	Present address

NOTE 2: If no children are listed in Section B, read and sign below.
 I certify that I do not have any children, either natural or adopted.

Signature

Day	Month	Year

Date

SECTION C BROTHERS AND SISTERS (Including half - and step-brothers and sisters)

Name	Relationship	Date of birth Day Month Year	Place of birth	Marital status	Present address

SECTION D CERTIFICATION

I certify that the information contained on this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.

Signature

Day	Month	Year

Date

The information you provide is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as an immigrant. It will be stored in Personal Information Bank number EIC PPU 015. It is protected and accessible under the provisions of the *Privacy Act* and the *Access to Information Act*.



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/
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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
M	Y	M	Y			

11. Personal history

Give details of what you have been doing during the past 10 years or since age 18, whichever period is longer, starting with the most recent information. Include jobs held, periods of unemployment, periods of study and any other use of time, such as time spent travelling in search of a country of refuge, stays in hospitals, prisons or other places of confinement, and periods spent at home as a homemaker. You must not leave gaps.

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

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.

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

13. Government positions

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

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

14. Military service

Provide below details of military service for each of the countries in whose armed forces you served.

Name of country

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

Name of country

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

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
M	Y	M	Y				

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.
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- 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

Day	Month	Year

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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

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Canadian Government official

Name ►

Please print or type

Signature ►

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



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.**



SCHEDULE 4

ECONOMIC CLASSES - PROVINCIAL NOMINEES

The principal applicant must complete this form.

1. Your full name

Family name

Given name(s)

2. Your date of birth

Day	Month	Year

3. Which provincial government has nominated you?

4. Funds

Amount of unencumbered transferable and available funds you have, in Canadian dollars \$

Declaration

I declare that my family members and I intend to live in the Province that nominated me.

I understand that my participation in an immigration-linked passive investment scheme (as defined in the *Immigration and Refugee Protection Regulations*) could exclude me from consideration as a member of the Provincial Nominee Class.

I authorize the Government of Canada to share all necessary information respecting my application for permanent residence in Canada, including the status to the application decision, with officials of the provincial government that nominated me.

Signature

Date

Day	Month	Year

Manitoba Business Supplementary Form (MBSUP)



Only the Principal Applicant must complete this form.

I. APPLICANT IDENTIFICATION & CONTACT DETAILS

Principal Applicant

Family Name _____ Given Name(s) _____ Date of Birth _____

Spouse

Family Name _____ Given Name(s) _____ Date of Birth _____

Applicant's complete and current home and mailing address. If different, provide both addresses. (Do not use representative, consultant or lawyer's address.)

Telephone (include country and area codes)
Business: _____
Home: _____
E-mail: _____

Fax (include country and area codes)
Business: _____
Home: _____
Web Site: _____

II. DESTINATION IN MANITOBA

In which city/town/region of Manitoba do you wish to settle?

III. RELATIVES IN MANITOBA

Does the Principal Applicant (PA) OR Spouse have relatives living in Manitoba? Yes No

If "Yes", you must provide evidence of your relationship by submitting photocopies of birth or marriage certificates (which show the names of common parents) and submit photocopies of Canadian Passports, Citizenship Certificates or Immigration Visas (IMM 1000) of your relative(s) in Manitoba.

Name of Relatives	Complete Address	Telephone	Relationship to (PA or Spouse) e.g. spouse's sister)

IV. I HAVE APPLIED TO A PROVINCIAL NOMINEE PROGRAM BEFORE:

Yes No If "Yes", name Province: _____

NOTE that many questions have a box along the right side of the page. If a separate sheet or document is attached, check box . If question not relevant put n/a in box. Do not leave any box blank.

V. EXPERIENCE IN BUSINESS MANAGEMENT/OWNERSHIP

- A. **Attach** your curriculum vitae (or resume) summarizing your business experience, work experience and educational qualifications.
- B. Complete the following for each business you have owned or operated in the last 3 years starting with the most current. Photocopy this sheet for each business represented.

NOTE: DO NOT COMPLETE UNTIL YOU HAVE MADE SUFFICIENT PHOTOCOPIES OF SHEET.

1. Full or complete name of business: _____
2. I am/was an owner or director of this business:
 - Yes No If "Yes", proceed to question #3. If "No", proceed to question #4.
3. a) Identify type of ownership: _____
 Date Business Established: _____
 Date Business Purchased: _____ Date Business Sold or Closed: _____
 Reason for selling or closing business: _____
- b) If partnership, provide name(s) of other partners and share in %
 _____ %
 _____ %
- c) If corporation or limited company, provide names of incorporators and share in %
 _____ %
 _____ %
4. Business Performance. Complete this table for the last 3 years beginning with the current year.

Year	Turnover or Revenue	Net Profit	# of Employees	Assets	Liabilities

5. Leadership/Management Skills:
 Provide details of: **(NOTE: If using a separate sheet of paper, check box).**
 - a) Your specific responsibilities and your major achievements in each venture:
 - _____
 - b) How well your business operated in the industry as compared to your competition:
 - _____
 - c) The main challenges you faced in establishing and growing your business, and the steps you took to meet those challenges:
 - _____
 - d) Your educational qualifications related to running your business:
 - _____

VI. FINANCIAL ASSESSMENT

- 1, **Attach** photocopies of the following documents for **each** of the businesses indicated in Experience in Business Ownership/Management (Section IV).
 - Business Licenses or Business Registration Certificates
 - Balance Sheet, Income Statement and Statement of Changes in Financial Position (Cash-Flow Statement) for the past 3 years.
 - Corporate Income Tax Returns for the past 3 years.
2. Personal Net Worth Statement.
Complete the Personal Net Worth Statement below.
Attach copies of the Personal Income Tax Returns for the past 3 years.

1. PERSONAL NET WORTH STATEMENT

A complete and current statement of your total personal net worth is required. All assets and liabilities must be identified. However, do not include personal items such as jewelry, furniture, etc., as the ownership of such items is difficult to verify. All assets listed must be your own personal holdings and must be documented. The sources of any funds or assets in your possession for less than one year must be identified. You may be asked to present financial documents to support the information provided in this statement.

ASSETS

2. BANK DEPOSITS

Current and Savings Accounts (Specify currency)				Current Balance
Date Opened			Account Number	Current Balance
Day	Month	Year		
TOTAL CDN\$				

Fixed Deposits (Specify currency)						Current Balance
Date of initial deposit			Maturity Date			Current Balance
Day	Month	Year	Day	Month	Year	
TOTAL CDN\$						

3. PROPERTY (Use a separate page if necessary)					
Complete Address	Year Purchased	Mortgaged (3)		Purchase Price	Estimated current market value (Specify currency)
		Yes	No		
TOTAL CDN\$					

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4. PUBLICLY TRADED STOCKS AND OTHER PASSIVE INVESTMENTS (Use a separate page if necessary.)		
Description	Quantity	Estimated current market value (Specify currency)
TOTAL CDN\$		

5. BUSINESS (Use a separate page if necessary)			
Name	% Owned	Current Book Value (Net assets)	Estimated current market value (Specify currency)
TOTAL CDN\$			

6. PENSION, PROVIDENT FUND AND OTHER ASSETS (Use a separate page if necessary)	
Description	Amount (Specify currency)
TOTAL CDN\$	

LIABILITIES

7. MORTGAGES (Use a separate page if necessary)		
Complete Address	Current Balance	Estimated current market value (Specify currency)
TOTAL CDN\$		

8. PERSONAL DEBTS (Such as SHAREHOLDER/DIRECTOR'S LOAN, CHILD SUPPORT, ALIMONY) (Use a separate page if necessary)	
Nature of Obligation	Amount (Specify currency)
TOTAL CDN\$	



9. NET WORTH		
Total Assets (2,3,4) + (5,6)	CDN\$	
Less	Less	
Total Liabilities (7,8)	CDN\$	
= Net Worth	CDN\$	
Which is distributed as follows:		
a) Funds in my possession on my arrival as a permanent resident of Canada	CDN \$	
b) Funds to transfer to Manitoba after landing	CDN \$	
c) Funds already in Manitoba Name of Financial Institution: _____	CDN \$	
d) Funds in other Provinces of Canada (Please specify Province and Financial Institution) Province: _____ Financial Institution: _____	CDN \$	
e) SUB-TOTAL	CDN \$	
f) Funds remaining abroad		
	TOTAL	CDN \$

VII. EXPLORATORY VISITS AND RESEARCH IN MANITOBA

1. Have you visited Canada? Yes No

If NO, indicate when you intend to visit: _____

If YES, indicate below the dates and locations (cities or provinces) you visited in Canada.

DATES	LOCATION

2. For each of your visits to Manitoba only, **attach** an itinerary (schedule) of your visit, indicating the dates, and all the activities and meetings you undertook in Manitoba.

3. Describe the research that you undertook in Manitoba and your assessment of the research. Indicate research for both business and living in Manitoba.

VIII. BUSINESS INTERESTS IN MANITOBA

This section of the application should build on the research and assessment of the information collected and presented in Section VII above (Exploratory Visits and Research in Manitoba).

1. Have you decided on a specific venture in Manitoba? Yes No

If Yes, provide details about your venture including nature of business, products and services, and number and types of jobs to be created. If purchasing an existing business, provide details including your plans for existing staff and number and types of jobs to be created. If your venture is a sole proprietorship, describe your roles, duties and responsibilities. If it involves other partners, describe the roles, duties and responsibilities of each one. (**Attach** details on a separate sheet, and label the document *Business Venture in Manitoba*.)

Explain in detail the level of investment that will be required to establish this venture as well as the source of those funds. (**Attach** details on a separate sheet, and label the document *Level of Investment*.)

If no, tell us your plans. Identify the sectors in which you plan to be involved and the different types of businesses you are researching, the level of investment and the source of those funds as well as the expected jobs to be created. (**Attach** details on a separate sheet, and label the document *Business Venture in Manitoba*.)

NOTE: If nominated, you will be required to make a \$75,000 deposit and sign a Deposit Agreement undertaking to invest in this business activity. Your proposed financial commitment must be comparable to your actual investment to permit release of your cash deposit.

Declaration of Applicant

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

I understand that any false statements or concealment of information may result in Manitoba refusing my application or, if applicable, withdrawing my nomination.

I agree to provide the Business Immigration and Investment Branch with my address and telephone number within 30 days of arriving in Canada and to inform the Business Immigration and Investment Branch of any change of address or telephone number.

I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.

Signature of Principal Applicant

Date

Signature of Spouse

Date

The personal information on this form is collected for the Manitoba Department of Labour's Provincial Nominee Program, established pursuant to an agreement on immigration with the Government of Canada. Personal information is collected to determine your eligibility for the program. If you have any questions about the collection of personal information, contact Manitoba Labour, Program Officer, Immigration Promotion and Recruitment, 5th floor, 213 Notre Dame Avenue, Winnipeg, Manitoba R3B 1N3 or telephone 204-945-2806.

MBSUP (Rev. Jun., 2007)

DISPONIBLE EN FRANÇAIS

Release of Information for Evaluation of Provincial Nominee Program (MEVA)

I _____ Date of Birth _____
Principal Applicant (Full Name – Family Name, Given Name(s)) Day/Month/Year

I _____ Date of Birth _____
Spouse (Full Name – Family Name, Given Name(s)) Day/Month/Year

of

Address

in the city/town of _____ country of _____

I consent to the Manitoba Department of Labour and Immigration (“the Department”) collecting any personal and other information, including information pertaining to our address, telephone number, Social Insurance Numbers, marital status, employment, income, assets, liabilities, benefits received under other government programs or any other relevant personal information, required to verify any information provided with respect to my involvement in the Manitoba Provincial Nominee Program (“the Program”) and for the purpose of locating and contacting me regarding evaluating the Program and my participation in it.

I consent to the Department collecting this information from any federal, provincial, municipal or other local authority (such as Canada Customs & Revenue Agency, Citizenship and Immigration Canada, Manitoba Family Services and Housing, Human Resources Development Canada, and Manitoba Health), or any other person, department, agency or organization holding such information.

I consent to the disclosure of this information by these persons, departments, agencies and organizations to the Department and the Department disclosing to these persons, departments, agencies or organizations such personal information as may be necessary to obtain the information required by the Department for the Program.

Signature of Principal Applicant

Witness

Signature of Spouse

Witness

Signed at: _____ Date: _____
City/Town and Country

MEVA (Nov 17, 2006)

DISPONIBLE EN FRANÇAIS

DECLARATION OF INTENT

I, _____ am submitting my application for immigration to Canada under the Manitoba Provincial Nominee Program - Business ("The Program").

I understand that, under The Program, the Province of Manitoba only nominates individuals who intend to reside in Manitoba along with their dependent family members, and who intend to establish, purchase or invest in a business in Manitoba and assume an active managerial role in that business.

I solemnly declare that if my application under "The Program is approved, it is my intention to reside in Manitoba and to establish, purchase or invest in a business in Manitoba and assume an active role in that business. I make this solemn declaration conscientiously believing it to be true.

Signature of Applicant

Date

Signature of Witness

Date

**CODE OF CONDUCT FOR
IMMIGRATION REPRESENTATIVES WHO REPRESENT APPLICANTS TO THE
MANITOBA PROVINCIAL NOMINEE PROGRAM**

The Manitoba Department of Labour and Immigration requires that all Immigration Representatives (individual representatives who receive a fee) who act on behalf of applicants under the Manitoba Provincial Nominee Program, agree to abide by the following principles of professional conduct.

All immigration representatives who wish to represent an applicant to the Manitoba Provincial Nominee Program must be members in good standing of the Canadian Society for Immigration Consultants or a Law Society in Canada and must comply with the following minimum standards:

1. To indicate clearly at all times and in all materials that they act as independent agents and do not represent in any way the Province of Manitoba or any of its departments (including the Department of Labour and Immigration and the Manitoba Department of Competitiveness, Training and Trade or agencies.
2. To advise all potential clients that applying to the Manitoba Provincial Nominee Program does not require them to use the services of an Immigration Representative, with this information to be provided to the client at the first contact or the earliest possible opportunity and again prior to their signing a contract with the Immigration Representative.
3. To advise all clients that they are free to communicate directly with the Manitoba Provincial Nominee Program on their own behalf even while represented by the Immigration Representative.
4. To advertise and accept assignments for only those services which the Immigration Representative is capable of providing, and from which the Immigration Representative reasonably believes there will be real benefits to the client.
5. To disclose to the Province the fact that they are representing their clients, and to relay all correspondence from the Province pertaining to a client's file directly to the client without modification or undue delay.
6. To act responsibly, with due diligence and in a timely manner in the handling of their clients' cases.

7. To not sign, submit or otherwise be associated with any application letter, report or other document provided by or submitted with respect to a client, which contains false or misleading information.
8. To not engage in any unlawful activity personally or on behalf of a client.
9. To not work or collaborate in any way with others who are engaging in any unlawful activity.
10. To hold in strict confidence all information acquired in the course of the professional relationship concerning the affairs of their clients, and to not divulge any such information unless authorized by their client or required to do so by the Manitoba Provincial Nominee Program or law.
11. To take care to avoid conflicts of interest and upon becoming aware of the existence of a conflict, to fully disclose at the earliest possible opportunity the existence and circumstances of the conflict to the client, and to the Province of Manitoba, if the conflict in any way relates to the Manitoba Provincial Nominee Program.
12. To not allow any outside business or professional interests to jeopardize their professional integrity, independence or competence as Immigration Representative.
13. To provide clients with complete and accurate information regarding the Manitoba Provincial Nominee Program and all other matters pertaining to their clients' interest in immigration.
14. To advise their clients of the requirement that applicants under the Manitoba Provincial Nominee Program have a bona fide intent to reside and work or do business in Manitoba, and to not knowingly submit or continue with Manitoba Provincial Nominee Program applications on behalf of clients who do not possess this bona fide intent.
15. To be truthful in all forms of communications and media, and to refrain from misleading statements, exaggerations or innuendo. (e.g., The Province of Manitoba does not have any special or preferential arrangements with any immigration consultant or lawyer. Therefore an Immigration Representative cannot guarantee acceptance under the Manitoba Provincial Nominee Program, immigration status or citizenship. Similarly an Immigration Representative should not claim to have a special relationship or arrangement with or connection to the Manitoba Department of Labour and Immigration, the Manitoba Department of Competitiveness, Training and Trade or the Province of Manitoba which implies preferential treatment, etc.)
16. To not undertake to act for, charge or accept any fee, which is not fully disclosed, fair and reasonable.

REPRESENTATIVE DECLARATION

I, _____,
(Immigration representative –full name)

hereby confirm that I am familiar with the contents of this Code of Conduct and understand the described standards expected of my services as an Immigration Representative. I acknowledge that I will comply with the code in providing assistance to the above Manitoba Provincial Nominee Program Applicant.

Name _____ Address _____

Work provided _____

Signature Immigration Representative

Signature witness

Date

I am a member in good standing of the Canadian Society for Immigration Consultants or a Law Society in Canada and, as required, I have included proof of this membership with this application.

Yes _____ No _____

CSIC# _____

APPLICANT DECLARATION (with representative)

I, _____,
[Principal applicant - full name]

hereby confirm that I am familiar with the contents of this Code of Conduct and understand that they describe the standards expected of any Immigration Representative that I have engaged to assist me in preparing my application for the Manitoba Provincial Nominee Program.

I have paid or will pay the following individual in connection with preparation of my application:

Name _____ Address _____

Work provided _____

Signature PA

Signature witness

Date

APPLICANT DECLARATION (without representative)

I, _____,
[Principal applicant - full name]

hereby confirm that the services of an Immigration Representative were not used in connection with my application for the Manitoba Provincial Nominee Program.

Signature PA

Signature witness

Date

(Rev. Nov. 2006)