



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)

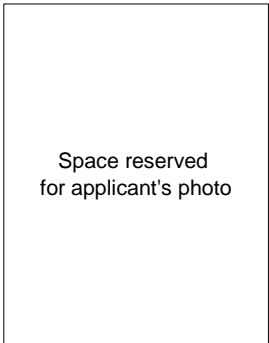
Family class Refugees outside Canada
 Economic class Canadian Experience Class
 Federal Skilled Worker Class Other

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	<table border="1"><tr><td>Year</td><td>Month</td><td>Day</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Year	Month	Day				<table border="1"><tr><td>Year</td><td>Month</td><td>Day</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Year	Month	Day				<table border="1"><tr><td>Year</td><td>Month</td><td>Day</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Year	Month	Day			
Year	Month	Day																			
Year	Month	Day																			
Year	Month	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"/>																		
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Year	Month	Day																			
Year	Month	Day																			
Year	Month	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	<div style="border: 1px solid black; padding: 10px; text-align: center;">Space reserved for family member's photo</div>	<div style="border: 1px solid black; padding: 10px; text-align: center;">Space reserved for family member's photo</div>	<div style="border: 1px solid black; padding: 10px; text-align: center;">Space reserved for family member's photo</div>																		

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

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.

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From		To		Activity	City or town and country	Name of company, employer, school, facility, as applicable
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From		To		Street and number	City or town	Province, State or District	Country
Y	M	Y	M				



SCHEDULE 4 ECONOMIC CLASSES - PROVINCIAL NOMINEES

The principal applicant must complete this form.

<p>1. Your full name</p> <p>Family name <input type="text"/></p> <p>Given name(s) <input type="text"/></p> <p>2. Your date of birth</p> <table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Day	Month	Year				<p>3. Which provincial government has nominated you?</p> <input type="text"/> <p>4. Funds</p> <p>Amount of unencumbered transferable and available funds you have, in Canadian dollars <input type="text" value="\$"/></p>
Day	Month	Year					

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 Provincial Nominee Application Form (MAPP)

Date accepted for assessment by Manitoba

The personal information on this form (MAPP) and the attached forms (IMM 0008 - Generic and Schedules, IMM 5406) is collected under the authority of *The Freedom of Information and Privacy Act* (S 36 1b). Personal information is necessary for the Manitoba Provincial Nominee Program and is used and/or disclosed to assess your application under this program. Under the provisions of *The Freedom of Information and Privacy Act*, individuals have the right to protection of, and access to, personal information. Contact information is provided at the back of this form.

The principal applicant must complete this form. All questions must be answered completely and truthfully. Failure to provide complete and truthful information may result in the refusal of your application. Please print clearly.

	Principal Applicant	Spouse
Family name		
Given name(s)		
Date of birth	(dd/mm/yy)	(dd/mm/yy)
Address of your current residence (include postal code)		
Mailing address for application purposes.		
Your e mail address PRINT CLEARLY		
Your telephone number		
Preferred language for communicating with the MPNP	English <input type="checkbox"/>	French <input type="checkbox"/>
Total number of children <input type="text"/>	Number of children accompanying you to Canada <input type="text"/>	Spouse will accompany you to Canada No <input type="checkbox"/> Yes <input type="checkbox"/>

I AM APPLY FOR CONSIDERATION UNDER THE FOLLOWING ASSESSMENT STREAM:

Please select **one** assessment stream (see application guidelines)

1. Employer Direct:	<i>I am eligible to apply because I have provided an original MPNP pre-approved job offer or proof of current full-time employment in Manitoba on a temporary work permit</i>	<input type="checkbox"/>
2. International Student:	<i>I am eligible to apply because I have provided copies of a Manitoba post-secondary education certificate, a full-time job offer and a temporary work permit</i>	<input type="checkbox"/>
3. Family Support:	<i>I am eligible to apply because I have provided proof of, and an Affidavit of Support signed by, a close relative in Manitoba, and meet priority stream assessment criteria</i>	<input type="checkbox"/>
4. Strategic Recruitment:	<i>I am eligible to apply because I have provided a Letter of Invitation to apply from the MPNP indicating that I meet eligibility criteria for a specific recruitment initiative</i>	<input type="checkbox"/>
5. General Stream:	<i>I am eligible to apply because I have provided evidence of one the following:</i>	
Close relative in Manitoba <input type="checkbox"/>	Affidavits of support from friends or distant relatives in Manitoba <input type="checkbox"/>	Completed education in Manitoba <input type="checkbox"/>
		Previous Work experience n Manitoba <input type="checkbox"/>

This form is provided free by the Government of Manitoba and is not to be sold to applicants.
Disponible en français.

FREE

All forms are provided free by Manitoba government.

OCCUPATION UNDER WHICH YOU ARE APPLYING

Intended occupation - principal applicant

Number of years you have worked in your intended occupation in the past 10 years:

Intended occupation - Spouse

Number of years you have worked in your intended occupation in the past 10 years:

Education / Training: highest level attained (principal applicant)

Total years secondary (high school)

Total years post-secondary (after high school)

10 Years

12 Years

1 Year

2 Years

3 Years

more than 3 Years

CITIZENSHIP & STATUS:

Country of residence

Country of citizenship

Legal status in your country of residence:

Citizen

Visitor

Passport number

Student

Worker

Refugee

Other:

Expiry date

APPLICATION HISTORY:

Provide information concerning all previous immigration applications to Canada (include all Provincial Nominee applications)

Type of program or visa

File number

Result

Date of result

Destination in Canada

Type of program or visa	File number	Result	Date of result	Destination in Canada

DESTINATION IN MANITOBA:

Name of city or town

Previous visits to Canada:

Describe all previous stays in Canada by the principal applicant or spouse and provide supporting documents.

Province

Dates

Status (visitor, student, worker etc.)

Address

Province	Dates	Status (visitor, student, worker etc.)	Address

RELATIVES IN CANADA:

Do you or your spouse have relatives living in Canada? Yes No

Names of all relatives in Canada

City & province

Relationship to principal applicant

Relationship to spouse

Names of all relatives in Canada	City & province	Relationship to principal applicant	Relationship to spouse

LANGUAGE ABILITY

Review the information under the language factor described in the application guidelines for the general assessment stream and provide your self-assessed score (all applicants).

English self- assessed score

French self-assessed score

Have you used English or French as the primary language of communication at work?

No

Yes

How long?

Have you used English or French as the primary language of communication at school?

No

Yes

How long?

Have you studied English/French as a foreign language or as a second language?

No

Yes

Hours of Instruction

SETTLEMENT FUNDS – personal net worth statement

You must provide supporting documents

Assets - Indicate the value of your liquid assets in Canadian dollars.

Debts - List in Canadian dollars the amount of loans and other financial obligations, including mortgages, fees owing to lawyers or consultants, alimony and child support payments. Use extra pages if necessary.

Assets	\$ Amount (Canadian)
A. Cash	
B. Real estate	
C. Investments	
D. Other	
(1) Total assets (add A - D above)	

Debts	\$ Amount (Canadian)
A. Home mortgage or loan	
B. Other mortgages or loan	
C. Other	
(2) Total debts (add A - C above)	

Net Worth: (1) - (2) = \$ **Canadian**

YOUR MANITOBA CONNECTION

1. Offer of Employment:

Contact Information for Employer

Employer name:	
Address:	
Tel. and fax	
E-mail address	
Contact person	

2. Close Relative:

Contact Information for Relative

Name:	
Address:	
Tel. and fax	
E-mail address	
Describe relationship:	

3. Family-Like Support

Contact Information for One Friend or Distant Relative

Name:	
Address:	
Tel. and fax	
E-mail address	
Relationship:	Distant Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other: <input style="width: 50px;" type="text"/>

4. Community Support Agreement

Contact Information for Community Representative

Community name:	
Name of contact:	
Address:	
Tel. and fax.	
E-mail Address	

5. Manitoba Education

Name of Institution and Program Completed

Name of institution:	
Describe program	
Date program started:	
Date program completed:	

6. Manitoba Work Experience

Contact Information for Employer

Employer name:	
Address:	
Tel. and fax	
E-mail address	
Duration of Employment (Dates):	Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>

Authority to Disclose Personal Information:

1. You may designate **one** individual (a relative, friend, community representative or a paid immigration representative) who can obtain information about your application on your behalf. You must sign the following information release naming this representative.
2. If you are applying for consideration under the **Family Support** stream, you must designate the close relative in Manitoba named in your application.
3. If you are applying for consideration under the **Community Support** stream you must designate the representative for the community who has provided you with a Letter of Support.
4. You must read, initial and sign the **Code of Conduct** on the following page indicating whether or not you are using the services of a paid immigration representative. If you are using the services of a paid immigration representative, your representative must also sign the Code of Conduct and provide proof that he/she is a member in good standing of the Canadian Society for Immigration Consultants or a Law Society within Canada.
5. You may **remove or change the authority given to an immigration representative** or other individual at any time by providing a request to the MPNP in writing. You must remove the authority of the individual named below, before you can provide authority to another individual.

I authorize the release of personal information from my immigration records to the following parties:

My relative, friend or community representative:		
	Print name	Telephone number
E-mail address		
Mailing address with postal code		

Signature of principal applicant	Date

OR

My Canadian immigration lawyer/consultant/agent

Print name	Firm or company name
Signature of principal applicant	Date



Code of Conduct: All applicants and paid immigration representatives must read the Code of Conduct and sign the appropriate sections as required

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 this code of 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 of 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 Department of Industry, Economic Development and Mines 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 about 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 about 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 the client or required to do so by the Manitoba Provincial Nominee Program or by 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 affects 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 about their clients' interest in immigration
14. to advise the 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 (ex: 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 with the Government of Manitoba, or any of its departments, 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

Applicant's Initials

FREE

All forms are provided free by Manitoba government.

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.

Company Name:

Address::

Telephone:

Facsimile:

Email Address::

Describe services provided to applicant:

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

Signature of immigration representative

Signature of witness

Date

APPLICANT DECLARATION (complete and sign if you are using the services of a paid 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

Describe services provided

Signature of principal applicant

Signature of witness

Date

APPLICANT DECLARATION (complete and sign if you are not using the services of a paid 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 of principal applicant

Signature of witness

Date

FREE

All forms are provided free by Manitoba government.

Information Release and Applicant Declaration:

This information release and declaration must be signed by the principal applicant and spouse authorizing the Immigration Promotion and Recruitment Branch of Manitoba Labour and Immigration to collect and disclose personal information to assess your application to the Manitoba Provincial Nominee Program, and declaring that the information provided is true and accurate.

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	_____

do hereby authorize the designated representatives of the Manitoba Labour and Immigration (the department) Immigration Promotion and Recruitment Branch to exchange all personal information collected by and disclosed to Manitoba as part of my application for the Manitoba Provincial Nominee Program to be disclosed to other parties in Manitoba and elsewhere to assess this application.

I understand that Manitoba may contact such parties to verify information provided by me in this application. I understand that I have the right to examine and request corrections or amendments to my personal records, whether held by a provincial or federal government office.

I consent to the Manitoba Department of Labour and Immigration (the Department) collecting any personal and other information, including information about 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 about my involvement in the Manitoba Provincial Nominee Program (the Program) and to locate and contact me about 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 and 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.

Any information provided to Manitoba will only be disclosed under the *Freedom of Information and Protection of Privacy Act*. I consent to the disclosure of the above noted 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.

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 understand that my failure to provide a complete application package including all required forms and credible, supporting documentation may result in the return or refusal of my application.

I understand all these statements and asked for and received an explanation on every point that was not clear to me.

Signature of principal applicant	Signature of witness
----------------------------------	----------------------

Signature of spouse	Signature of witness
---------------------	----------------------

Signed at:	Date
City/Town and Country	

**MANITOBA PROVINCIAL NOMINEE PROGRAM
AFFIDAVIT OF SUPPORT (MAS)**

Who should complete this form:

This form must be completed by the close relative named by applicants to the Family Support stream and by the close friends or distant relatives of applicants to the General stream.

This form cannot be signed by paid immigration representatives or anyone who is not a relative or friend of the principal applicant and/or the principal applicant's family, and should not be signed by elected officials or their staff.

Date received by
Manitoba

Part 1: Declaration of Support: This section must be completed by all signatories of this Affidavit of Support.

- Close relatives must include documents proving relationship (birth, marriage certificates etc.).
- All supporters must include proof of citizenship or permanent resident status in Canada and established residence in Manitoba (passport, Record of Landing, Permanent Resident Card, Manitoba Health Card etc.).

I, _____ of _____
(Name) *(Address including postal code)*

Date of birth _____
E-mail Address _____
Telephone – daytime _____
Telephone – evening

MAKE OATH AND SAY THAT:

1. I am a Canadian citizen or Permanent Resident of Canada and I have lived in Manitoba for at least one year.
2. I declare that I am a close relative, distant relative, or friend of the principal applicant or his/her spouse (named below), and that I have provided documentation proving that I am a close relative of this individual and/or a personal letter of reference if the individual is my friend or distant relative

Complete name of my relative or friend who is applying to the MPNP

Family name _____
Given name
Complete address of my relative or friend who is applying to the MPNP

Describe your exact relationship to this person

Be specific. For example: "my spouse's sister" OR "my cousin (mother's brother's son)" OR my personal friend

3. I declare that my spouse (if applicable) agrees with the terms and conditions contained in this affidavit.
4. I declare that I clearly understand that applicants to the Manitoba Provincial Nominee Program named below must make a formal declaration of their intention to live and work in Manitoba, that I will not knowingly support the application of individuals who do not intend to live in Manitoba, and that I will be prohibited from supporting other relatives or friends in the future, if any of the applicants named on this affidavit do not settle successfully and permanently in Manitoba.

Name of principal applicant _____
Name of spouse

Names of all accompanying dependents – use additional page if required

- 4. I am satisfied that the applicant has the required amount of \$10,000 for a principal applicant and \$2,000 for each accompanying family member, a bona fide offer of employment in Manitoba, and/or a signed financial declaration of support by a close relative and am aware that any applicant who cannot provide evidence of sufficient settlement funds may be refused by the MPNP.
- 5. I am prepared to assist the applicant and his/her family to establish successfully in Manitoba as follows:

- 6. I declare that I have known the principal applicant and/or spouse:
for 1 year or more for less than 1 year how long? _____ Never met

- 7. I declare that I have also supported or sponsored other relatives or friends as immigrants to Canada.

Yes No

If "YES", give details (attach additional page if required):

Name	Date of application	Type of Program (family, nominee, skilled worker)	Date landed in Canada
_____	_____	_____	_____

Current Address and Telephone Number: _____

Current Employer: _____

Name	Date of application	Type of Program (family, nominee, skilled worker)	Date landed in Canada
_____	_____	_____	_____

Current Address and Telephone Number: _____

Current Employer: _____

- 8. I affirm that I have not received or been promised payment or other consideration for signing this support agreement.
- 9. I declare the information provided is true, complete and accurate and give consent to the Province of Manitoba to verify any information I have provided in this agreement.
- 10. I understand that the provision of any false statements or concealment of any material fact may result in, but is not limited to, some or all of the following consequences:
 - refusal to approve this agreement or future agreements
 - refusal or withdrawal of the principal applicant's Certificate of Nomination
 - other enforcement action
- 11. I understand and am prepared to comply with all the commitments and obligations contained in this support agreement, having asked for and received an explanation on every point about which I may have been uncertain.
- 12. I swear this support agreement bona fide.

AFFIRMED and SWORN before me at the _____)

Signature of person swearing affidavit

of _____, in the Province of _____)

Manitoba, this day of _____)

20 _____)

Signature of Notary Public/Commissioner of Oaths

Name of Notary Public in and for the Province of Manitoba
or Commissioner of Oaths _____

My commission expires _____

Part 2: Declaration of Financial Support By Close Relative

- This section should be completed only by Manitoba close relative of an applicant who cannot demonstrate sufficient settlement funds as described in the MPNP application guidelines.
- Supporting Manitoba relatives must include financial documents such as bank statements, tax statements; proof of assets (property, investments etc.), proof of employment (including salary information) etc.

I, _____ Of _____
(Name) (Address including postal code)

Date of birth E-mail address Telephone – daytime Telephone – evening

MAKE OATH AND SAY THAT:

1. I will ensure that all processing and right of permanent residence fees, medical and transportation costs and any other pre-arrival costs of the principal applicant and his/her accompanying dependents are paid.
2. I hereby agree to ensure that the essential needs of the principal applicant and any accompanying dependents are met from the date of landing, including, but not limited to, providing shelter, food, clothing and other goods of services necessary for day-to-day living in Manitoba as well as the dental care, eye care and other health care needs not provided by the Manitoba Health Services Commission.
3. I hereby accept full responsibility for ensuring that the principal applicant and his/her accompanying dependents shall not rely on any social assistance or other government income support program in Manitoba or any other province or territory.
4. I affirm that my affidavit cannot be terminated once the Province of Manitoba has issued a Certificate of Nomination for the principal applicant and accompanying dependents.
5. I permit the sharing, release and exchange by and to the Government of Manitoba and the Government of Canada as necessary of any personal, financial or corporate financial information, on the understanding that this information may be used to assist in verifying, assessing, evaluating, monitoring and enforcing of this support agreement.
6. I have sufficient financial resources and expertise to fulfil this affidavit and have provided confirmation of employment letter, bank records and ownership documents to demonstrate my financial ability to honor my agreement commitments.
7. I agree to be the principal contact and representative for my relative in Canada and understand that Manitoba will not recognize any paid immigration representative with respect to the processing of his/her application for permanent status in Canada where this financial declaration has been included in that application.
8. I declare the information provided is true, complete and accurate and give consent to the Province of Manitoba to verify any information I have provided in this agreement.
9. I understand that the Manitoba Provincial Nominee Program is not a sponsorship program and that all applicants will be assessed on the basis of their education, work experience and demonstrated ability to settle successfully in Manitoba.
10. I swear this support agreement bona fide.

AFFIRMED and SWORN before me at the _____)
of _____, in the Province of _____)
Manitoba, this day of _____)
20 _____)
Signature of person swearing affidavit
Signature of Notary Public/Commissioner of Oaths

Name of Notary Public in and for the Province of Manitoba
or Commissioner of Oaths _____
My commission expires _____

Manitoba Provincial Nominee Program

Code of Conduct



All applicants and paid immigration representatives must read the Code of Conduct and sign the appropriate sections as required

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5. to disclose to the province the fact that they are representing their clients, and to relay all correspondence from the province about 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 about 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 the client or required to do so by the Manitoba Provincial Nominee Program or by 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 affects 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 about their clients' interest in immigration
14. to advise the 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 (ex: 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 with the Government of Manitoba, or any of its departments, 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

Applicant's Initials

(Code of Conduct continued)

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 applicants to the Manitoba Provincial Nominee Program.

Company Name:

Address::

Telephone:

Facsimile:

Email Address::

Describe services provided to applicant:

I am a member in good standing of the Canadian Society for Immigration Consultants or a Law Society in Canada

Yes No

Member Number

Signature of immigration representative

Signature of witness

Date

APPLICANT DECLARATION (complete and sign if you are using the services of a paid 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

Describe services provided

Signature of principal applicant

Signature of witness

Date

APPLICANT DECLARATION (complete and sign if you are not using the services of a paid 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 of principal applicant

Signature of witness

Date