



**Saskatchewan
Government Relations
and Aboriginal Affairs**

**Family or Accompanying Farm
Employee Category Application
Form**

FOR OFFICE USE ONLY

Office file number:

SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)

The Family or Accompanying Farm Employee category requires the following (3) criteria be met prior to the application being considered for SINP nomination:

1. I have an immediate family relationship to a Farmer Owner/Operator who has been nominated Yes No

If yes:

i. Farmer Owner/Operator Name: _____.

ii. Relationship: _____.

OR

- I am a current employee of a SINP Farm Owner/Operator applicant Yes No

If yes:

iii. Farmer Owner/Operator Name: _____.

iv. Start Date of Employment: _____.

2. I have a permanent offer of employment. Yes No

If yes, please attach.

3. I have attached verification of my farm experience and knowledge Yes No

If yes, please attach.

PLEASE PRINT OR TYPE APPLICATION

HAVE YOU BEEN ASSISTED IN COMPLETING THIS APPLICATION BY:

A Consultant A Lawyer Other _____

If so, please provide their NAME and ADDRESS:

HAVE YOU OR A FAMILY MEMBER ACCOMPANYING YOU EVER APPLIED FOR ADMISSION TO CANADA AS AN IMMIGRANT: Yes No

If yes, please provide:

Immigration office contacted: _____

Date(s) of application: _____

Name(s) of applicant: _____

Category of application: Entrepreneur Self-Employed Skilled Worker
 Family Class Provincial Nominee Investor

If Provincial Nominee indicate province of application: _____

Have you ever been refused a visa? Yes No

If your answer to this question is YES, provide details below.

PERSONAL INFORMATION

| | | | |
|---|-----------------------------------|---|--|
| 1. a) Surname (family name): | | b) Given name(s): | |
| c) Full name in native language (for example, Arabic, Cyrillic, Korean, Japanese characters or Chinese commercial/telegraphic code) is: | | | |
| 2. a) Date of birth (day/month/year): | b) Place of birth (city or town): | c) Country of birth: | |
| 3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | 4. Citizenship: | |
| 5. a) Mailing address: | | b) Duration at this residence (years and months): | |
| c) Address of residence (complete if mailing address is a post office box or different from place of residence): | | d) Telephone number: | |
| | | e) Facsimile number: | |
| f) E-mail address: | | | |
| 6. List those who will accompany the applicant to Canada (use a separate sheet if required): | | | |

| <u>Name</u> (provide birth name of spouse) | <u>Relationship</u> (spouse/children) | <u>Date of Birth/Age</u> (day/month/year) |
|--|---------------------------------------|---|
| | | |
| | | |
| | | |
| | | |

7. List relatives currently living in Canada:

| <u>Name</u> | <u>Relationship</u> (spouse/children) | <u>City/Province</u> | <u>Length of Residence</u> |
|-------------|---------------------------------------|----------------------|----------------------------|
| | | | |
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8. Have you as the principal applicant, or, any of your family members listed in your application for permanent residence in Canada, ever been convicted of, or are you currently charged with, on trial for, or party to a crime or offence, or subject of any criminal proceedings in any country?

YES NO

If your answer to this question is YES, provide details below.

AUTHORITY TO DISCLOSE PERSONAL INFORMATION

- I authorize the release of information from my Saskatchewan Immigrant Nominee Program application to officials of the Canadian Government for any purpose relating to my application and other government officials as deemed appropriate.
- I authorize the release of employment and educational history to associations and agencies assessing work and educational qualifications.
- I authorize the third party listed on this application to provide the completed form to the Saskatchewan Government and I further authorize this third party and the Government of Saskatchewan to discuss the contents of this form, or additional information of this type, for the purposes described in the application.

Applicant Name (please print)

Applicant Signature

Date

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 a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I understand all the foregoing statements, having asked for and obtained an explanation of every point that was not clear to me.

Applicant Name (please print)

Applicant Signature

Date