

Application for Selection Certificate  
Principal Applicant  
Spouse or de facto spouse

Date order received

Reserved for Administration

Individual Reference No : \_\_\_\_\_  
File No : \_\_\_\_\_

I apply as :

Principal Applicant

Accompanying spouse  
or de facto spouse

If you are applying in the economic immigration class,  
specify under which program (or subclass) :

Skilled worker (permanent)   
Business immigrant   
Entrepreneur   
Self-employed worker   
Investor

1. Identification

Family name at birth				First name			
Family name after marriage (if applicable)				Sex			
				<input type="checkbox"/> F <input type="checkbox"/> M			
Other names that you have used or by which you are known				Passport or identity card number			
Date of birth		Place of birth		Province / Region		Country	
Year	Month	Day	City			Citizenship	

2. Present marital status (notify us immediately if your status changes; for the definition of de facto spouse, see instructions on the detachable page )

Single  Married  De facto spouse  Separated  Divorced  Marriage annulled  Widowed   
Have you been married more than once? Yes  No

3. Residence address

Number	Street	App.	City	Province / Region	Postal code	Country
Mailing address, if different (give the name of the person living here if this address is not directly related to you)						
Telephone no. Home		Telephone no. Work		E-mail address		Other (specify)
Fax no. Home		Fax no. Work		Other (specify)		

4. Family members who may or may not be accompanying you in Québec. It is imperative that the principal applicant declare all the members of his family. (for the definition of family member, spouse, de facto spouse and a dependent child, see instructions on the detachable page)

Family name at birth	First name	Relationship	Date of birth			Place and country of birth	Accompanying you	
			Year	Month	Day		Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

**5. Address of your spouse or de facto spouse and dependent children (if different from your residence address)**

Number      Street      App.      City      Postal code      Country      Telephone No.      Fax No.

**6. Identification. Have you ever applied**

For a temporary stay in Canada?      No       Yes       Province \_\_\_\_\_ Date \_\_\_\_\_  
 Accepted       Denied       Waiting for a decision

To immigrate to Canada?      No       Yes       Province \_\_\_\_\_ Date \_\_\_\_\_  
 Accepted       Denied       Waiting for a decision

For refugee status in Canada?      No       Yes       Province \_\_\_\_\_ Date \_\_\_\_\_  
 Accepted       Denied       Waiting for a decision

**7. List every place at which you have lived in the past 10 years (use a separate sheet if necessary)**

Length of time				City	Province / Region	Country
From Year	Month	To Year	Month			

**8. Education, excluding elementary school (start with your most recent diploma)**

From Year	Month	To Year	Month	Name of institution / Country	Name of diploma (see instructions on the detachable page)	Year diploma obtained	Specialization

**9. Employment during the past 5 years, including military service** (start with your most recent job)  
 (use a separate sheet if necessary)

From		To		Name of company including your own and country where it is located (enter full name - no abbreviations)	Job title	No. of hours worked per week
Year	Month	Year	Month			

**9.1 Principal tasks you performed** (starting with the last job; use an additional sheet if needed)

Job title	Principal tasks performed as part of your duties

**10. Stay in Québec over the last 10 years**

- for full-time studies
- to work fulltime
- for business
- other reasons (specify) \_\_\_\_\_

From		To		From		To	
Year	Month	Year	Month	Year	Month	Year	Month

**11. Language skills** (see instructions in the detachable part)

	None				Beginner				Intermediate				Advanced			
	0	1	2	3	4	5	6	7	8	9	0	11	12			
<b>French</b>																
• Understand spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
• Ability to speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>English</b>																
• Understand spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
• Ability to speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**12. Family in Québec** (permanent residents or Canadian citizens residing in Québec)

Relationship	Family and first name	Address in full	Telephone no.

**13. In which city or region of Québec do you plan to live?**

\_\_\_\_\_

**14. Intended occupation in Québec** \_\_\_\_\_

Other occupations considered related to your area of education or past experience \_\_\_\_\_

**15. Have you received an employment offer in Québec validated by services of the Ministère de l'Immigration et des Communautés culturelles?** Yes  No

If yes, indicate the employment title and name and address of the employer. \_\_\_\_\_

**16. Are you presently** a student  employed  unemployed  other  (specify) \_\_\_\_\_

**Photographs**

Attach here a passport-sized photograph of yourself and accompanying family members (your spouse or de facto spouse, your dependent children or those of your spouse or de facto spouse, and any dependent child of those children).

## Protection of personal information

The personal information appearing on this form, and in any documents that must be appended to it, is required for processing your application for a selection certificate and the application of the *Act respecting immigration to Québec*, the *Regulation respecting the selection of foreign nationals* and their administrative regulations. This information may also be used by the Minister for the purposes of studies, statistics, program evaluation or to convey to you any information that might affect your application.

Your personal information is confidential and may not be disclosed without your consent unless authorized by law. In particular, the law allows personal information to be communicated **without your consent** under certain conditions if such communication is necessary to :

- the application of an Act in Québec;
- the exercise of the rights and powers of an agency of the government of Québec or Canada, including federal immigration authorities;
- the purposes of a service to be provided to you by the Ministère or for performing a contract for services entrusted by the Ministère;
- prosecute an offence against an Act applicable in Québec, or because of the urgency of a situation.

Within the Ministère, access to this information is restricted to personnel who is qualified to receive personal information where such information is necessary for the discharge of his duties.

With the exception of optional sections, any refusal to answer a question or any omission may result in the rejection of your application or may delay its processing.

You may be informed about the information concerning you in the Ministère's possession and, if applicable, request in writing that this information be corrected. For more information, contact the office that is processing your application. If this office is unable to provide you with the information requested, contact the departmental officer responsible for the protection of personal information at the Secrétariat général, Ministère de l'Immigration et des Communautés culturelles at the following address: Édifice Gérald-Godin, 360, rue McGill, 4<sup>e</sup> étage, Montréal (Québec) H2Y 2E9.

## Declaration

**I declare** that the information contained in this application and appended documents, if any, is complete and accurate and I will notify the Ministère de l'Immigration et des Communautés culturelles and, where applicable, the financial intermediary, of any change in answers given on this form within thirty (30) days of the change.

**I acknowledge** that I have read the notice on the protection of personal information in the section above.

**I further acknowledge** that :

- I may have difficulty finding a job in Québec that matches my education or experience and that labour market conditions could change before I arrive in Québec.
- The principal applicant is responsible for covering the financial costs associated with settling himself and any accompanying family members.

**I understand** that the Minister of Immigration and Cultural Communities may :

- confirm, or have a third party confirm, the accuracy of information provided, and that I am breaking the law and am liable to a penalty if I give the Minister, an inquiry officer or reviewer any information that I know or should know is false or misleading with respect to an application for a selection certificate.
- refuse any application that contains false or misleading information or document.
- refuse to consider an application for a certificate from a person who has provided false or misleading information or documentation within the past five years relative to an application under the Act respecting immigration to Quebec.
- cancel a selection certificate if the application contains false or misleading information or document, when the certificate was issued by mistake, or if the conditions required for the issue cease to exist.

In witness whereof, I have signed in \_\_\_\_\_  
City / Country

Year	Month	Day

Signature \_\_\_\_\_  
Principal applicant

\_\_\_\_\_  
Spouse or de facto spouse



Complete this section if you are or have been the owner of a business. If you are the owner of more than one business, please attach a separate sheet.

Business name : \_\_\_\_\_

Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail : \_\_\_\_\_

Web site : \_\_\_\_\_

Type of business :  Sole proprietorship  Partnership  Limited company  Other (specify) : \_\_\_\_\_

Sector of activity : \_\_\_\_\_ Number of employees : \_\_\_\_\_

Title of position held : \_\_\_\_\_

Indicate the name of all partners or shareholders, along with their share of ownership.

Partners / Shareholders	Share of ownership (%)

Indicate the sales figures, net profits, and equity capital for the last five (5) years, in Canadian dollars.

Year	Sales	Net profits	Equity capital
Last year  _ _ _ _  /  _ _ _ _			
Previous year  _ _ _ _  /  _ _ _ _			
Second most previous year  _ _ _ _  /  _ _ _ _			
Third most previous year  _ _ _ _  /  _ _ _ _			
Fourth most previous year  _ _ _ _  /  _ _ _ _			

Exchange rate used (indicate the currency) : \_\_\_\_\_

### 3. INVESTMENT

Name of broker or trust company : \_\_\_\_\_

Date of signing of the investment agreement : \_\_\_\_\_  
(Year / Month / Day)

## 4. INVESTOR'S NET WORTH

- All of your assets and debts must be listed, with the exception of personal effects such as jewellery, paintings, carpets, furniture, and automobiles.
- If applicable, you must include in Section 4.5, the value of the equity belonging to your spouse or de facto spouse who is accompanying you if this equity is invested in a business in which you control an equity component.

### ASSETS

#### 4.1 Bank accounts

Financial institution	Account no.	Account holder	Current balance		Reserved for the MICC
			Foreign currencies	\$ CDN	
<b>TOTAL</b>					

#### 4.2 Term deposits

Financial institution	Maturity date (Year / Month / Day)	Initial value		Reserved for the MICC
		Foreign currencies	\$ CDN	
<b>TOTAL</b>				

#### 4.3 Stock and other investments

Description / Quantity	Current market value		Reserved for the MICC
	Foreign currencies	\$ CDN	
<b>TOTAL</b>			

**4.4 Other securities (insurance, security deposits, pension fund, etc.)**

Description	Redemption value		Reserved for the MICC
	Foreign currencies	\$ CDN	
<b>TOTAL</b>			

**4.5 Businesses (if applicable, include the share that is held by your spouse or de facto spouse who is accompanying you)**

Business name	Share of ownership (%)	Current book value		Reserved for the MICC
		Foreign currencies	\$ CDN	
	<b>TOTAL</b>			

**4.6 Land and real property**

Description and location	Acquisition		Current market value		Reserved for the MICC
	Purchase price	Year	Foreign currencies	\$ CDN	
		<b>TOTAL</b>			

**LIABILITIES**

**4.7 Current liabilities (accounts payable, bank loans, taxes due, etc.)**

Description	Balance		Reserved for the MICC
	Foreign currencies	\$ CDN	
		<b>TOTAL</b>	

**4.8 Long-term liabilities (mortgages, long-term loans, etc.)**

Description	Balance		Reserved for the MICC
	Foreign currencies	\$ CDN	
<b>TOTAL</b>			

**NET WORTH**

4.9 Total assets (4.1 + 4.2 + 4.3 + 4.4 + 4.5 + 4.6) : \_\_\_\_\_

4.10 Total liabilities (4.7 + 4.8) : \_\_\_\_\_

4.11 Net worth (4.9 – 4.10) : \_\_\_\_\_

Exchange rate used (indicate the currency) : \_\_\_\_\_



# 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)

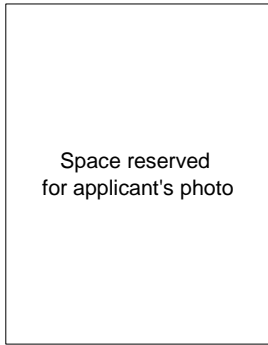
Family class     Refugees outside Canada  
 Economic class     Canadian Experience Class  
 Federal Skilled Worker Class    Other

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](http://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
<b>Family name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Given name(s)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of birth</b>	<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
<b>Place of birth</b>	<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"/>
<b>Country of citizenship</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Current country of residence</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other countries with resident status</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Marital status</b> (use one of the categories in question 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Relationship to you</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Will accompany you to Canada</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Passport details</b>	<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"/>
<b>Date of expiry</b>	<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
<b>Identity card number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Native language</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Knowledge of English and French</b>	<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
<b>Education</b>	<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"/>
<b>Current occupation</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Height</b>	<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
<b>Colour of eyes</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Photos</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Photos must have been taken within the past six months and must be identified by writing the family member's name and date of birth on the back of the photo	Space reserved for family member's photo	Space reserved for family member's photo	Space reserved for family member's photo

**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.**

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	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER
<b>Family name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Given name(s)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of birth</b>	<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
<b>Place of birth</b>	<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"/>
<b>Country of citizenship</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Current country of residence</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other countries with resident status</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Marital status</b> (use one of the categories in question 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Relationship to you</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Will accompany you to Canada</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Passport details</b>	<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"/>
<b>Date of expiry</b>	<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
<b>Identity card number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Native language</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Knowledge of English and French</b>	<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
<b>Education</b>	<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"/>
<b>Current occupation</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Height</b>	<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
<b>Colour of eyes</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Photos</b>	<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
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.
- 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

Day	Month	Year

**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
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			

**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				



# SCHEDULE 6

## ECONOMIC CLASSES - BUSINESS IMMIGRANTS

THE PRINCIPAL APPLICANT MUST COMPLETE THIS FORM.

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

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

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

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

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

**1. Indicate which class you are applying under (choose one only)**  
 Investor     Entrepreneur     Self-employed Persons

**2. Your full name**  
 Family name   
 Given name(s)

**3. Your date of birth**  

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

**4. Language**  
 Which is your first official language:  English     French  
 Which is your second official language:  English     French

**Your proficiency in English**

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

**Your proficiency in French**

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

**5. Language (continued)**  
 Have you taken an approved test to assess your proficiency in English or French?  
 Yes ► Provide a copy of approved test results.  
 No ► Provide evidence of your proficiency in Canada's official languages.

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

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

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

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

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

No  Yes ► Give details


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

No  Yes ► Give details


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

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

**Experience in business management**

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






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

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

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

Description	Amount	
	Foreign (specify currency)	Canadian\$
<b>TOTAL</b>		

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

Complete Address	Current balance	
	Foreign (specify currency)	Canadian\$
<b>TOTAL</b>		

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

Nature of debt	Amount	
	Foreign (specify currency)	Canadian\$
<b>TOTAL</b>		

**I NET WORTH**

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

**J** Total funds available for settlement in CanadaCDN\$

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

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

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

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

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

Yes     No

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





# USE OF A REPRESENTATIVE

A representative is someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA). You may have **one** representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

**Your dependent children aged 18 years or older must complete their own copy of this form if they have a representative.**

- I am:  appointing a representative. **Complete Sections A, B and D.**  
 cancelling the appointment of a representative. **Complete Section A, C and D.**

## SECTION A: APPLICANT INFORMATION

**1. Your full name**

Family name (Surname)

Given name(s)


**2. Your date of birth**

Day	Month	Year

**3. If you have already submitted your application:**

Name of office where the application was submitted

Location of office

Type of application  
(permanent residence, extension of study permit, etc.)

**4. Your Citizenship and Immigration Canada Identification number (if known)**

Client Identification (ID) or  
Unique Client Identifier (UCI) number

## SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.
- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

**5. Your representative's full name**

Family name (Surname)

Given name(s)


**6. Your representative: (choose one)**

is **UNPAID** and is a:

- family member or friend  
 member of a non-governmental or religious organization  
 member of the Canadian Society of Immigration Consultants, a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*.  
 other

is or will be **PAID** and is a member in good standing of:

- the Canadian Society of Immigration Consultants (CSIC)  
▶ Membership ID number
- a Canadian provincial or territorial law society  
▶ Which province or territory?   
▶ Membership ID number
- the *Chambre des notaires du Québec*  
▶ Membership ID number

**7. Your representative's contact information**

Name of firm or organization (if applicable)			
Mailing address			
Postal code/ZIP			
Telephone number	Country code	Area code	Number
	(       )	(       )	
Fax number	Country code	Area code	Number
	(       )	(       )	
E-mail address (if applicable)			

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

**8. Your representative's declaration:**

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

Signature of representative

Date

Day	Month	Year

**SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE**

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

**9. Your representative's full name**

Family name (Surname)

Given name(s)

Name of firm or organization  
(if applicable)
**SECTION D: YOUR DECLARATION****10.**

- I declare that the information I have given is truthful, complete and correct.
- I understand all the foregoing statements, having asked for and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date

Day	Month	Year

Signature of spouse or common-law partner  
(if applicable)

Date

Day	Month	Year

**Warning!** It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at [infosource.gc.ca](http://infosource.gc.ca) and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**