VisaHQ.com.br
Travel Visa Services

Mail documents to: VisaHQ.com.br

Aplicação de Canada Visto de turista

Canada is closed to traveler until further notice. Only certain types of visitors are allowed to enter country. Please, contact to Embassy of Canada for details.
All passengers arriving into Canada will need to bring proof of a negative COVID-19 test performed no longer than 72 hours prior to arrival in the country. Travelers must self quarantine for 14 days when arriving in Canada. Travellers who have previously tested positive for COVID-19 must provide proof of a positive COVID-19 molecular test conducted between 14 and 90 days prior to departure, instead of a negative COVID-19 molecular test.

Checklist de visto de turista do Canadá

- ☐ **Preenchido e assinado do Canadá formulário de pedido de visto de turista.** O formulário está incluso.
- ☐ **Passaporte original.** Passaporte deve ter pelo menos 6 meses restantes de validade e ter pelo menos 1 visa page.
- ☐ **2 Photographs.** Standard passport photographs 2x2 inches on a white background.
- ☐ **Itinerary.** A photocopy of round trip tickets or a letter signed by a travel agent with confirmed round trip tickets. Itinerary is not acceptable unless showing ticket numbers and that the ticket is paid for.
- ☐ **Bank Statement.** Copy of a recent bank statement showing proof of sufficient funds.
- ☐ **Employment Letter.** A letter from your employer/school (on business letterhead, with contact details), stating that a leave of absence has been granted and that you will be returning to your current job. If you are self-employed, include a copy of your business license and tax return. If you are retired please submit proof of your retirement fund.
- ☐ **Hotel Reservations.** Copy of confirmed hotel reservations.
- ☐ **Personal Invitation.** If visiting friends or family, you must provide letter of invitation with the contact information of the host and visitor, purpose and duration of the visit, confirmation of accommodation including the address, signature and date. You will also need to provide proof of the host's status in Canadá ie. copy of their Canadá passport's information page, or, if they are not a citizen of Canadá, copies of their Canadá residence permit and their national passport's information pages.
- ☐ **Invitation Letter.** Copy of an invitation letter from family or friends in Canadá.

APPLICATION FOR VISITOR VISA (TEMPORARY RESIDENT VISA)

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

Validate | Clear Form

1 UCI	2 * I want service in	3 * Visa requested	OFFICE USE ONLY Validated

PERSONAL DETAILS

1 Full name

*Family name (as shown on your passport or travel document)	Given name(s) (as shown on your passport or travel document)

2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? ☐ * No ☐ * Yes

Family name	Given name(s)

3 *Sex	4 * Date of birth	5 Place of birth	
	YYYY MM DD	* City/Town	* Country

6 *Citizenship

7 Current country of residence:

Country	Status	Other	From	To
*	*		YYYY-MM-DD	YYYY-MM-DD

8 Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? ☐ * No ☐ * Yes

Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD

9 Country where applying: Same as current country of residence? ☐ * No ☐ * Yes

Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD

10 * a) Your current marital status

b) **(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 ▶ Date YYYY-MM-DD

c) Provide the name of your current Spouse/Common-law partner

Family name	Given name(s)

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name	Date of Birth

PERSONAL DETAILS (CONTINUED)

11 **a) Have you previously been married or in a common-law relationship?** ☐ *No ☐ *Yes

b) Provide the following details for your previous Spouse/Common-law Partner:

Family name	Given name(s)

c) Date of birth (YYYY MM DD)	c) Type of relationship	From (YYYY-MM-DD)	To (YYYY-MM-DD)

LANGUAGE(S)

1 *a) Native language/Mother Tongue	b) If your native language is not English or French, which language do you use most frequently?	*c) Are you able to communicate in English and/or French?

d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? ☐ *No ☐ *Yes

PASSPORT

1 * Passport number	2 * Country of issue	3 * Issue date (YYYY-MM-DD)	4 * Expiry date (YYYY-MM-DD)

CONTACT INFORMATION

If submitting your application by mail:
- All correspondence will go to this address unless you indicate your e-mail address below.
- Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.
- If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM 5476 form.

1 **Current mailing address**

P.O. box	Apt/Unit	Street no.	* Street name

* City/Town	* Country	Province/State	Postal code	District

2 **Residential address** Same as mailing address? ☐ *No ☐ *Yes

Apt/Unit	Street no.	Street name	City/Town

Country	Province/State	Postal code	District

3 **Telephone no.** ☐ Canada/US ☐ Other

Type | Country Code | No. | Ext.

4 **Alternate Telephone no.** ☐ Canada/US ☐ Other

Type | Country Code | No. | Ext.

5 **Fax no.**

☐ Canada/US Country Code | No. | Ext.

☐ Other

6 **E-mail address**

DETAILS OF VISIT TO CANADA

1 * a) Purpose of my visit	b) Other

2 Indicate how long you plan to stay ▶	* From (YYYY-MM-DD)	* To (YYYY-MM-DD)	3 * Funds available for my stay (CAD)

4 Name, address and relationship of any person(s) or institution(s) I will visit:

1	* Name	
	Relationship to me	* Address in Canada

Applicant Name	Date of Birth

DETAILS OF VISIT TO CANADA (CONTINUED)

2	Name	
	Relationship to me	Address in Canada

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)? ☐ * No ☐ * Yes

If you answered "yes", give full details of your highest level of post secondary education.

1	From YYYY MM	Field of study	School/Facility name	
	To YYYY MM	City/Town	Country	Province/State

EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, Member of Parliament, hospital administrator, employee of a security organization). Do not leave gaps. If retired, not working or studying, please indicate. If you are retired, please provide the 10 years before your retirement.

1	From * YYYY * MM	* Current Activity/Occupation	* Company/Employer/Facility name	
	To YYYY MM	* City/Town	* Country	Province/State
2	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country	Province/State
3	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country	Province/State

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

Clear Section

1 a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis? ☐ No ☐ Yes

b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada? ☐ No ☐ Yes

c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).

2 a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? ☐ No ☐ Yes

b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country? ☐ No ☐ Yes

c) Have you previously applied to enter or remain in Canada? ☐ No ☐ Yes

d) If you answered "yes" to question 2a), 2b), or 2C please provide details.

Applicant Name | Date of Birth

BACKGROUND INFORMATION (CONTINUED)

3 a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country? ☐ No ☐ Yes

b) If you answered "yes" to question 3a) above, please provide details.

4 a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)? ☐ No ☐ Yes

b) If you answered yes to question 4a), please provide dates of service and countries where you served.

5 Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? ☐ No ☐ Yes

6 Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? ☐ No ☐ Yes

If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.

SIGNATURE

Citizenship and Immigration Canada (CIC), or an organization at CIC' request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? (Y/N) ☐ No ☐ Yes

I consent to the release to Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

In order to verify my eligibility for a study permit and my compliance with the conditions of my study permit, I consent to the collection and use of my personal information by CIC, CBSA and, where applicable, my designated learning institution and the provincial/territorial government in which my designated learning institution is located. I further consent to the disclosure of my personal information between CIC and CBSA and, where applicable, between my designated learning institution and CIC, and CIC and the provincial/territorial government, for these purposes. I understand I can withdraw my consent should I not obtain a study permit.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age. | Date: YYYY-MM-DD

IMPORTANT NOTE:
This application must be signed and dated before it is submitted by mail.
Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

DISCLOSURE

The information you provide to CIC is collected under the authority of IRPA to determine if you may be admitted to Canada as a visitor. The information may be shared with other organizations such as CBSA, DFAIT, RCMP, CSIS and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may also be disclosed to foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions under the terms of an agreement or arrangement for the purposes of validating status and identity to administer their programs.

If you are required to provide biometric information to accompany your application, the fingerprints collected will be stored and shared with the RCMP and the fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11 of the Immigration and Refugee Protection Regulations. This information may be used in relation to an offence under any law of Canada or a province for the purposes of establishing or verifying the identity of an individual, or to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition.

The information you provide to CIC will be stored in the Personal Information Bank (PIB) CIC PPU (039 and 055). If you are required to provide biometric information, your fingerprints shared with the RCMP will be stored in the PIB CMP PPU 030. Individuals have a right to protection of and access to their personal information stored in each corresponding PIB in accordance with the Privacy Act and the Access to Information Act.

Details on these matters are available at the Infosource website (http://infosource.gc.ca) and through the CIC Call Centre. Infosource is also available at public libraries across Canada.

Validate

SCHEDULE 1

APPLICATION FOR A TEMPORARY RESIDENT VISA MADE OUTSIDE OF CANADA

ANNEXE 1

DEMANDE DE VISA DE RÉSIDENT TEMPORAIRE PRÉSENTÉE À L'EXTÉRIEUR DU CANADA

1. Please provide details of your employment (including self-employment) for the last ten years. If you did not work or were retired, please provide the personal address for that period. If you are a dependent on someone else's income (i.e. your parents or spouse) please provide employment details of this person. Start with the most recent information.
Veuillez fournir les détails de votre emploi (y compris l'emploi en tant que travailleur autonome) pendant les dix dernières années. Si vous ne travailliez pas ou étiez retraité, veuillez indiquer votre adresse personnelle pour cette période. Si vous dépendez du revenu de quelqu'un (c.-à-d. vos parents ou conjoint) fournissez les détails d'emploi de cette personne. Commencez par l'information la plus récente.

From - De Y - A	From - De M	To - À Y - A	To - À M	Name, address and telephone number of employer. If you did not work or were retired, please provide personal address. Nom, adresse et numéro de téléphone de votre employeur. Si vous ne travailliez pas ou étiez retraité, veuillez indiquer votre adresse personnel	Job title Titre de l'emploi	Monthly salary Salaire mensuel

2. A) Did you serve in any military, militia, or civil defence unit or serve in an intelligence organization or police force (including obligatory national service, reserve or volunteer units)?
Avez-vous fait partie d'une milice, d'une armée, d'une unité de défense ou d'un corps de police (que ce soit à titre de conscrit parce que le service militaire est obligatoire dans votre pays, de réserviste ou de membre d'une unité de volontaires)?

☐ No / Non ▶ Go to question 3. / Allez à la question 3.

☐ Yes / Oui ▶ Give the following details: if you served in any militia, army, defence or police unit (either as part of obligatory national service, the reserves or a volunteer unit), enter period of service (month and year), branch of service and unit number in which you served along with name of place where you were stationed, your rank, and a detailed description of your duties (e.g., infantry, artillery, military police, radio operator, driver, etc.).
Veuillez donner les détails suivants : si vous avez déjà fait partie d'une milice, d'une armée, d'une unité de défense civile ou d'un corps policier (y compris le service national obligatoire et les unités de réserve ou volontaires), indiquez la période de service (mois et année), le bureau de service et le numéro de l'unité au sein de laquelle vous avez servi, ainsi que le nom de l'endroit où vous étiez en poste et le rang occupé. Veuillez également fournir une description détaillée de vos tâches (p. ex. infanterie, artillerie, police militaire, opérateur radio, chauffeur, etc.).

From - De Y - A	From - De M	To - À Y - A	To - À M	Branch of service, unit number and place where stationed Section, numéro d'unité et lieu où vous étiez stationné	Rank and commanding officer Grade et Commandant	Duties - Fonctions

B) Did you receive special training?
Avez-vous reçu une formation spéciale?

☐ No / Non ☐ Yes / Oui ▶ Provide details. / Veuillez fournir plus de détails.

This form is made available by Citizenship and Immigration Canada and is not to be sold to applicants.
Ce formulaire est produit par Citoyenneté et Immigration Canada et ne doit pas être vendu aux requérants.

Canada

2. C) Did you ever participate in any form of combat?
Avez-vous déjà participé à des combats, sous quelque forme que ce soit?

☐ No Non ☐ Yes Oui ▶ Give details, including dates and locations.
Veuillez fournir plus de détails, y compris les dates et les lieux.

From - De Y - A	M	To - À Y - A	M	Location - Lieu	Details - Détails

D) Why did your service end?
Pourquoi votre service a-t-il pris fin?

☐ Completed service
Service terminé

☐ Deserted
Désertion

☐ Medical problems
Problèmes médicaux

☐ Other (please specify)
Autre (veuillez spécifier) ▶

3. Have you ever witnessed or participated in ill treatment of prisoners or civilians, looting or desecration of religious buildings?
Avez-vous déjà assisté ou participé à de mauvais traitements infligés à des prisonniers ou à des civils, à des actes de pillage ou à la profanation d'édifices religieux?

☐ No Non ☐ Yes Oui ▶ Provide details of the circumstances below.
Veuillez fournir des détails sur les circonstances ci-dessous.

Date Y - A	M	Location - Lieu	Details - Détails

4. Were you ever a member of a political party or other group or organization?
Avez-vous déjà été membre d'un parti politique ou d'un autre groupe ou organisation?

☐ No Non ☐ Yes Oui ▶ Give details of organizations you have supported, been a member of or been associated with. Include any political, social, youth or student organization, trade unions, professional associations. Do not use abbreviations.
Veuillez fournir des détails sur les organisations que vous avez appuyées, dont vous avez été membre ou avec lesquelles vous avez entretenu des liens. N'oubliez pas les organisations politiques ou sociales, les regroupements de jeunes ou d'étudiants, les syndicats et les associations professionnelles. N'utilisez aucune abréviation.

From - De Y - A	M	To - À Y - A	M	Name of organization Nom de l'organisation	Type of organization Genre d'organisation	Activities and/or positions held within organization Activités et/ou poste(s) au sein de l'organisation	City and country Ville et pays

5. Have you ever held a government position?
Avez-vous déjà occupé un poste au sein d'un gouvernement?

☐ No Non ☐ Yes Oui ▶ If you have held a position in any government, judiciary or state enterprise (e.g., mayor, member of parliament, counsellor, judge, managing director, etc.) or have ever been employed by a government, the judiciary or political party in a position of responsibility or supervision (e.g., hospital administrator, police officer, elections official, civil servant, etc.), provide details below (do not use abbreviations).
Si vous avez occupé un poste au sein d'un gouvernement, de l'appareil judiciaire ou d'une entreprise d'État (p. ex., maire, député, conseiller, juge, directeur général, etc.) ou si vous avez déjà été à l'emploi d'un gouvernement, de l'appareil judiciaire ou d'un parti politique et que vous occupiez un poste où vous deviez vous acquitter de certaines responsabilités ou de fonctions de supervision (p. ex., directeur général d'un hôpital, agent de police, fonctionnaire électoral, etc.), veuillez fournir des détails ci-dessous (n'utilisez pas d'abréviations).

From - De Y - A	M	To - À Y - A	M	Country and level of jurisdiction (e.g. national, regional, municipal) Pays et niveau d'administration (p. ex., national, régional, municipal)	Department/Branch and city Ministère/direction générale et ville	Activities and/or positions held Activités et/ou poste(s) occupé(s)

6. Have you or an accompanying family member ever committed, been arrested for or been charged with any criminal offence in any country?
Est-ce que vous-même ou un des membres de votre famille qui vous accompagne avez déjà commis ou été arrêté pour avoir commis ou été accusé d'avoir commis une infraction pénale quelconque dans n'importe quel pays?

☐ No / Non ☐ Yes / Oui ▶ If you answered "yes" provide details and the name of the family member (if applicable).
Si vous avez répondu « oui », veuillez fournir des détails et le nom de membre de la famille (s'il y a lieu).

7. Declaration **Déclaration**

I (your full name), _____, declare that all of the above statements are true, complete and correct, and I make this declaration knowing that it is of the same effect as if made before a court of law.

Je (votre nom au long), _____, déclare que tous les énoncés ci dessus sont véridiques, exhaustifs et justes, et je fais cette déclaration en toute connaissance de cause, sachant qu'elle a la même valeur que si elle était faite devant un tribunal.

Signature _____ Date Y - A M D - J

▶ Signature of applicant or parent/legal guardian's for a person under 18 years of age.
Signature du demandeur ou du parent/tuteur légal pour une personne âgée de moins de 18 ans.

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 according to the requirements of the Act. It will be retained in a Personal Information Bank identified in Infosource. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. Infosource is also available in Canadian public libraries.

Les renseignements fournis dans ce formulaire sont recueillis en vertu de la *Loi sur l'immigration et la protection des réfugiés* et seront utilisés afin d'évaluer votre demande conformément aux critères prévus dans la Loi. Ils seront conservés dans une banque de renseignements personnels tel qu'indiquée dans Infosource et pourront être communiqués à d'autres organisations conformément au principe d'usage compatible de l'information en vertu de la *Loi sur la protection des renseignements personnels*. Par ailleurs, en vertu de la *Loi sur la protection des renseignements personnels* et de la *Loi sur l'accès à l'information*, les personnes ont le droit de s'attendre à ce que leurs renseignements personnels soient protégés et d'y avoir accès. Il est possible d'obtenir plus d'information à ce sujet en visitant le site infosource.gc.ca ou en communiquant avec le télécentre de la citoyenneté et de l'immigration. On peut aussi accéder à Infosource à partir des bibliothèques publiques du Canada.

USE OF A REPRESENTATIVE

You do not need to hire an immigration representative, it is your choice. No one can guarantee the approval of your application. All the forms and information that you need to apply are available free at www.cic.gc.ca.

A representative is someone who has provided advice or guidance to you prior to submitting your application, following the submission of your application, and/or someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and the 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.

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 (YYYY-MM-DD)

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. **Note:** If an immigration representative is being paid or compensated by someone other than the applicant, then the representative is still considered to be a compensated representative.
- 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 UNCOMPENSATED and is a:

- ☐ family member or friend
- ☐ member of a non-governmental or religious organization
- ☐ member of the Immigration Consultants of Canada Regulatory Council (ICCRC), a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*
- ☐ other

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

- ☐ the Immigration Consultants of Canada Regulatory Council (ICCRC)
  - ▶ 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

This form is made available by Citizenship and Immigration Canada and is not to be sold to applicants
(DISPONIBLE EN FRANÇAIS - IMM 5476 F)

Canada

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

Party ID (if known)

Date (YYYY-MM-DD)

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 I have fully and truthfully answered all questions on this form and any attached application (if applicable).
- I also declare that I have read and understood all the statements on this form, having asked and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date (YYYY-MM-DD)

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

Date (YYYY-MM-DD)

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**. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security and Intelligence Service (CSIS), where there is an agreement or arrangement with a foreign government, in accordance with subsection 8(2) of the *Privacy Act*. Pursuant to the *Immigration and Refugee Protection Regulations*, the information may also be shared with a regulatory body that is responsible for governing or investigating the conduct of representatives, such as a provincial and territorial law society, the *Chambre des Notaires du Québec* and the Immigration Consultants of Canada Regulatory Council (ICCRC). Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**

FAMILY INFORMATION

Type of application: ☐ Visitor ☐ Worker ☐ Student ☐ Other

Complete **ALL** names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). Include **ALL** family members even if they are not accompanying you. If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

BEFORE YOU START, READ THE INSTRUCTION GUIDE, TYPE OR PRINT IN BLACK INK.

SECTION A

Full name	Relationship SEE NOTE 1	Date of birth (Y M D) / Country of birth	Marital status	Present address (If deceased give city and date) / Present occupation	Will accompany you to Canada? YES NO
	APPLICANT				
	SPOUSE OR COMMON-LAW PARTNER				☐ ☐
	MOTHER				☐ ☐
	FATHER				☐ ☐

NOTE 1: If no spouse or common-law partner is listed in Section A, read and sign below.

I certify that I do not have a spouse or a common-law partner. ▶ Signature: _____ Date: Year Month Day

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

Full name	Relationship SEE NOTE 2	Date of birth (Y M D) / Country of birth	Marital status	Present address (If deceased give city and date) / Present occupation	Will accompany you to Canada? YES NO
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐

NOTE 2: If no children are listed in Section B, read and sign below.

I certify that I do not have any children, either natural or adopted. ▶ Signature: _____ Date: Year Month Day

SECTION C BROTHERS AND SISTERS (Include ALL brothers and sisters, ALL half-brother and sister and stepbrother and sister.)

Full name	Relationship	Date of birth (Y M D) Country of birth	Marital status	Present address (If deceased give city and date) Present occupation	Will accompany you to Canada? YES NO
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐

SECTION D CERTIFICATION

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

▶ Signature: _____ Date: Year Month Day

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as a temporary resident. It will be stored in Personal Information Bank CIC PPU 055, Visitor Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.