



APPLICATION FOR TEMPORARY RESIDENT VISA

1 UCI	2 * I want service in	3 * Visa requested	OFFICE USE ONLY Validated
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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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes		Family name Given name(s)	
3 *Sex	4 * Date of birth YYYY MM DD	5 Place of birth * City/Town	* Country
6 *Citizenship			
7 Current country of residence:			
Country	Status	Other	From
*	*		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? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Country	Status	Other	From
			YYYY-MM-DD
9 Country where applying: Same as current country of residence? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Country	Status	Other	From
			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
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PERSONAL DETAILS (CONTINUED)

11 a) Have you previously been married or in a common-law relationship? <input type="checkbox"/> No <input type="checkbox"/> Yes		
b) Provide the following details for your previous Spouse/Common-law Partner:		
Family name	Given name(s)	
c) Type of relationship	From YYYY-MM-DD	To YYYY-MM-DD

PASSPORT

1 * Passport number	2 * Country of issue	3 * Issue date YYYY-MM-DD	4 * Expiry date YYYY-MM-DD
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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 IMM5476 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? <input type="checkbox"/> No <input type="checkbox"/> Yes						
Apt/Unit		Street no.	Street name			City/Town
Country			Province/State	Postal code	District	
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other		
Type	Country Code	No.	Ext.	Type	Country Code	No.
5 Fax no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				6 E-mail address		
Country Code	No.	Ext.				

DETAILS OF VISIT TO CANADA

1 a) Purpose of my visit			b) Other			
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:						
* Name						
1	Relationship to me			* Address in Canada		

Applicant Name	Date of Birth
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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	Field of study	School/Facility name	
	YYYY	MM	Country	Province/State
	To	City/Town		
	*YYYY	*MM		

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

BACKGROUND INFORMATION

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

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?		<input type="checkbox"/> No	<input type="checkbox"/> 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?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
	c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).			

Applicant Name

Date of Birth

BACKGROUND INFORMATION (CONTINUED)

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 any kind of visa, admission, or been ordered to leave Canada or any other country? No Yes

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

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

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.

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.