

INSTRUCTIONS: Please fill in the blank spaces as accurately as possible. Do not leave any blank spaces. If it does not apply put N/A. If you have more information than the spaces provided, add your information on a separate sheet and attach it to this form.

Section A: Personal Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Date Of Birth	<input type="text"/>	City Of Birth	<input type="text"/>
Country Of Birth	<input type="text"/>	Citizenship	<input type="text"/>

Have you ever used any other name? (ie. Nickname, Maiden Name, Alias, etc.) **Yes** **No**

Please Indicate	<input type="text"/>	Gender	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> Others
Eye Color	<input type="text"/>	Height	<input type="text"/>
Native Language	<input type="text"/>		

Do you speak English and/or French? **Yes** **No**

Contact Details

Current Residential Address

Contact No	<input type="text"/>	Phone Type	<input type="text"/>
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Email Id

Passport Information

Passport No	<input type="text"/>	Date Of Issue	<input type="text"/>
Country Of Issue	<input type="text"/>	Expiry Date	<input type="text"/>

Marital Information

Marital Status	<input type="text"/>	Previously Married	<input type="radio"/> Yes <input type="radio"/> NO
Date of marriage or entered into common law	<input type="text"/>		

If yes, provide the full name, date of birth, start and end date of marriage and type of relationship (common-law or married) with your previous spouse(s). Attach the information to this form.

Section B: Spousal Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Date Of Birth	<input type="text"/>	City Of Birth	<input type="text"/>
Country Of Birth	<input type="text"/>	Citizenship	<input type="text"/>

Have you ever used any other name? (ie. Nickname, Maiden Name, Alias, etc.) Yes No

Please Indicate	<input type="text"/>	Gender	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> Others
Eye Color	<input type="text"/>	Height	<input type="text"/>
Native Language	<input type="text"/>		

Occupation

Does Spouse Speak English and/or French? Yes No

Contact Details

Current Residential Address

Contact No

Phone Type

Email Id

Passport Information

Passport No

Date Of Issue

Country Of Issue

Expiry Date

Marital Information

Marital Status

Previously Married Yes NO

Date of marriage or entered into common law

If yes, provide the full name, date of birth, start and end date of marriage and type of relationship (common-law or married) with your previous spouse(s). Attach the information to this form.

Section C: Children Information

(1)First Name	<input type="text"/>	Last Name	<input type="text"/>
Date Of Birth	<input type="text"/>	City Of Birth	<input type="text"/>
Country Of Birth	<input type="text"/>	Citizenship	<input type="text"/>

Have you ever used any other name? (ie. Nickname, Maiden Name, Alias, etc.) Yes No

Please Indicate	<input type="text"/>	Gender	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> Others
Eye Color	<input type="text"/>	Height	<input type="text"/>
Native Language	<input type="text"/>		

Does Child speak English and/or French? Yes No

Address

Street No	<input type="text"/>
Street Name	<input type="text"/>
City Of Residence	<input type="text"/>
Country Of Residence	<input type="text"/>

Passport Information

Passport No	<input type="text"/>	Date Of Issue	<input type="text"/>
Country Of Issue	<input type="text"/>	Expiry Date	<input type="text"/>

Marital Information

Marital Status **Previously Married** Yes NO

If yes, provide the full name, date of birth, start and end date of marriage and type of relationship (common-law or married) with your previous spouse(s). Attach the information to this form.

(2)First Name	<input type="text"/>	Last Name	<input type="text"/>
Date Of Birth	<input type="text"/>	City Of Birth	<input type="text"/>
Country Of Birth	<input type="text"/>	Citizenship	<input type="text"/>

Have you ever used any other name? (ie. Nickname, Maiden Name, Alias, etc.) Yes No

Please Indicate	<input type="text"/>	Gender	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> Others
Eye Color	<input type="text"/>	Height	<input type="text"/>
Native Language	<input type="text"/>		

Does Child speak English and/or French? Yes No

Address

Street No

Street Name

City Of Residence

Country Of Residence

Passport Information

Passport No

Date Of Issue

Country Of Issue

Expiry Date

Marital Information

Marital Status

Previously Married Yes NO

If you have more children to declare, please write their information on a separate sheet and attach it to this form.

Section D: Additional family Information(Include Parents,Brothers,Sisters,Half - Siblings,and Step siblings)

Relationship : Father

First Name

Last Name

Date Of Birth

City Of Birth

Country Of Birth

Citizenship

Have you ever used any other name? (ie. Nickname, Maiden Name, Alias, etc.) Yes No

Please Indicate

Gender M F Others

Eye Color

Height

Native Language

Occupation

Does Father speak English and/or French? Yes No

Date Of Death

If Applicable

City Of Death

If Applicable

Address

Street No

Street Name

City Of Residence

Country Of Residence

Passport Information

Passport No

Date Of Issue

Country Of Issue

Expiry Date

Marital Information

Marital Status

Relationship : Mother

First Name

Last Name

Date Of Birth

City Of Birth

Country Of Birth

Citizenship

Have you ever used any other name? (ie. Nickname, Maiden Name, Alias, etc.) Yes No

Please Indicate

Gender M F Others

Eye Color

Height

Native Language

Occupation

Does Mother speak English and/or French? Yes No

Date Of Death

City Of Death

Address

Street No

Street Name

City Of Residence

Country Of Residence

Passport Information

Passport No

Date Of Issue

Country Of Issue

Expiry Date

Marital Information

Marital Status

Relationship :Other(1)

First Name

Last Name

Date Of Birth

City Of Birth

Country Of Birth

Citizenship

Have you ever used any other name? (ie. Nickname, Maiden Name, Alias, etc.) Yes No

Please Indicate

Gender

M

F

Others

Eye Color

Height

Native Language

Occupation

Does Other speak English and/or French?

Yes

No

Date Of Death

City Of Death

Address

Street No

Street Name

City Of Residence

Country Of Residence

Passport Information

Passport No

Date Of Issue

Country Of Issue

Expiry Date

Marital Information

Marital Status

Relationship :Other(2)

First Name	<input type="text"/>	Last Name	<input type="text"/>
Date Of Birth	<input type="text"/>	City Of Birth	<input type="text"/>
Country Of Birth	<input type="text"/>	Citizenship	<input type="text"/>

Have you ever used any other name? (ie. Nickname, Maiden Name, Alias, etc.) Yes No

Please Indicate	<input type="text"/>	Gender	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> Others
Eye Color	<input type="text"/>	Height	<input type="text"/>
Native Language	<input type="text"/>		
Occupation	<input type="text"/>		

Does Other speak English and/or French? Yes No

Date Of Death	<input type="text"/>	City Of Death	<input type="text"/>
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Address

Street No	<input type="text"/>
Street Name	<input type="text"/>
City Of Residence	<input type="text"/>

Country Of Residence

Passport Information

Passport No

Date Of Issue

Country Of Issue

Expiry Date

Marital Information

Marital Status

Relationship :Other(3)

First Name

Last Name

Date Of Birth

City Of Birth

Country Of Birth

Citizenship

Have you ever used any other name? (ie. Nickname, Maiden Name, Alias, etc.) Yes No

Please Indicate

Gender

M F Others

Eye Color

Height

Native Language

Occupation

Does Other speak English and/or French?

Yes No

Date Of Death

City Of Death

Address

Street No

Street Name

City Of Residence

Country Of Residence

Passport Information

Passport No

Date Of Issue

Country Of Issue

Expiry Date

Marital Information

Marital Status

If you have more immediate family to declare, please write their information on a separate sheet and attach it to this form.

***Section E: Address Where You Lived For The Past Ten Years
(Don't Leave Any Gaps In Time)***

(1)From

To

Street No

Street Name

Unit/Apt No

City Of Residence

Country Of Residence

Province / District:

Postal / zip code:

(2)From

To

Street No

Street Name

Unit/Apt No

City Of Residence

Country Of Residence

Province / District:

Postal / zip code:

(3)From

To

Street No

Street Name

Unit/Apt No

City Of Residence

Country Of Residence

Province / District:

Postal / zip code:

Section F: Official Test Result

Type Of Language Test Taken

Date Of Language Test Taken

Date Of Result

language Test Result Certificate

Test Scores

Speaking

Reading

Writing

Listening

Section G: Education

Number Of The Year Successfully Completed

Elementary / Primary School:

Secondary / High School:

University / College:

Trades / Other Post-Secondary

(1)From

To

Name Of School

Country Of Study

Course / Program:

Certificate / Degree

Number of academic years

Did you complete the program?

Yes **No**

Did you receive an ECA for this study?

Yes **No** If yes, please attach

(2)From

To

Name Of School

Country Of Study

Course / Program:

Certificate / Degree

Number of academic years

Did you complete the program?

Yes **No**

Did you receive an ECA for this study?

Yes **No** If yes, please attach

(3)From

To

Name Of School

Country Of Study

Course / Program:

Certificate / Degree

Number of academic years

Did you complete the program?

Yes **No**

Did you receive an ECA for this study?

Yes **No** If yes, please attach

Section F: Intended work in Canada (Based On The Job Offer)

Job Title

Employer / Company Name:

Mail Address Of The Company

Intended Location Of Employment (IF DIFFERENT FROM MAILING ADDRESS OF COMPANY)

Mail Address Of The Company

Do You Currently Have A Valid Work Permit?

Yes **No** If yes, please attach

Section I: Employment Experience

(1) From **To**

Name Of Employer (State If Self-Employed)

Hours Per Week **Job Position**

City **Country**

(2) From **To**

Name Of Employer (State If Self-Employed)

Hours Per Week **Job Position**

City **Country**

(3) From **To**

Name Of Employer (State If Self-Employed)

Hours Per Week **Job Position**

City **Country**

If you have more work experience to declare, please write the information on a separate sheet and attach it to this form.

Section J: Additional Personal History Info (Periods Of Unemployment Or Being A Homemaker)

(1)From **To**

Please Describe What you Were Doing During This Period

ie. looking for jobs, waiting for visas, taking care of children, school break, etc.)

City **Country**

(2)From **To**

Please Describe What you Were Doing During This Period

ie. looking for jobs, waiting for visas, taking care of children, school break, etc.)

City **Country**

Section K: Coming Into Canada(If Applicable)

Date And Place Original Entry Into Canada

Date

Port Of Entry

Original purpose of coming to Canada

Date And Place Original Entry Into Canada(If Applicable)

Date

Port Of Entry

Please Attach All Previous And Current Permits In Canada

Section L: Military Service, Government Positions, And Other Organizations

(1)Did You Serve In Any Military, Militia or Civil Defense Unit or Serve In a Security Organization or Police Force (Including Non Obligatory National Service, Reserve or

Volunteer units)?

Yes **No**

(2)Do You, or Have You Held Any Government Positions?

Yes **No**

(senator, Counsellor , mayor, etc.)

(3)Are you, or have you 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? Do not use

abbreviations

Yes **No**

Section M: Previous Travel For The Past 10 Years

(1) From **To**
City **Country**
Purpose Of Travel:
Business, Visitor, Employment, etc.

(2) From **To**
City **Country**
Purpose Of Travel:
Business, Visitor, Employment, etc.

(3) From **To**
City **Country**
Purpose Of Travel:
Business, Visitor, Employment, etc.

Section N: Proof Of Funds

Amount Of Money In Cash and/or Bank: (CAD / USD): \$

Section O: Other Information

Health Conditions

Please truthfully declare your health conditions. Misrepresentation will cause your file to be turned down.

Do You have A Criminal Record? Yes No

Have You Ever Been Arrested, Charged or Convicted? Yes No

Applied For Canadian Visa In The past? Yes No

Been refused a visa/entry into Canada? Yes No

Been requested to leave or deported from Canada? Yes No

Been refused a visa/entry into any other country? Yes No

If yes, please list country(s)

Check All Visas Applied For In The Past

- | | |
|--|--|
| Student Permit <input type="checkbox"/> | Express Entry <input type="checkbox"/> |
| Visitor Visa <input type="checkbox"/> | Permanent Residency <input type="checkbox"/> |
| Work Permit <input type="checkbox"/> | Provincial Nominee Certificate <input type="checkbox"/> |

If you answered "Yes" to any of the questions above, please provide an explanation. Please provide supporting documents as well.

