

## **PROTECTED WHEN COMPLETED - B**

PAGE 1 OF 4 Date of receipt stamp at post

IMMIGRANT APPLICATION FORM - INDEPENDENT
(APPLICATION FOR PERMANENT RESIDENCE IN CANADA)

For correspondence       For interview         □ English       French         □ AM       ■         □ The principal applicant       OR         □ A dependant aged 18 years or older	Indicate your choice of language:		FOR OFFICE USE ONLY			
I AM ► □ The principal applicant <b>OR</b> □ A dependant aged 18 years or older	For correspondence For interview		Office file number (or IMM 1343 Case Label)			
	English French English French					

1 a) My family name (surname) is:	b) Given na							
c) My full name written in my native language or script (	for example, Arabic, Cyrillic, C	Chinese, Korean, Japanese	characters or Chinese commercia	al/telegraphic code) is:				
2 All other names I have used including name(s) befo	re marriage (if applicable):		3 Sex	e				
4 Height	5 Eye colour	_ Grey _ Black _ Bro	Hazel wn  vellowish  brown)  Other					
6     a) My date of birth is:     b) Place of birth       Day     Month     Year	n (city or town)	c) Country of birth	7 I am a citizen of:					
8 a) My mailing address is:	b) Telephone number		d) My current residential address	s is:				
	c) Facsimile number							
9 a) My present marital status is:		b) I have been married m	ore than once:					
	rried Widowed	Yes No	If " <b>Yes</b> ", state number of time	es 🕨				
10   a) My passport number is   b) Country	of issue	c) Date of expiry Day Month	d) Identity card number					
a) Current occupation		b) My intended occupatio	n in Canada is:					
	of formal education Secondary or less Formal trade certificate/apprenticeship or diploma I anguage is:							
15 Have you or has any one of the persons in question	tudies, but no degree	Yes" or "No")						
<ul> <li>A. Been convicted of or currently charged with a c offence in any country?</li> <li>B. Previously sought refugee status in Canada or for an immigrant or visitor visa?</li> </ul>		deportation of civilians of crime against humanity,	r, have you ever been involved r in the commission of a war crii such as: willful killing, torture, ai vation or other inhumane acts a ar?	me or in res in No ttacks				
C. Been refused refugee status in, or an immig visitor visa to, Canada or any other country, o been refused a CSQ to Quebec?		that used, uses or advo	ated or been associated with a ocated the use of armed strugg , religious or social objectives?					
D. Been refused admission to, or ordered to leave, 0 or any other country?	Yes No	G. Been detained or incarcerated?       □ Yes □ No         H. Had any serious disease or physical or mental disorder?       □ Yes □ No						
If the answer to any of the above is <b>"Yes"</b> , provide deta	ils here:							
	able by Citizenship and Imm	•		Canadä				
IMM 0008 (09-2000) E INDEPENDENT (D	ISPONIBLE EN FRANÇAIS -	IMM 0008 F INDÉPENDAN	ITS)	Vanaua				

PERSONAL DETAILS OF ALL MY DEPENDENTS WHETHER ACCOMPANYING ME OR NOT (If you require additional space, attach separate sheet.)							
16	Spouse	Dependant 1	Dependant 2	Dependant 3			
Family name							
Given name(s)							
Date of birth	Day Month Year	Day Month Year	Day Month Year	Day Month Year			
Height							
Eye colour							
Sex	Male Female	Male Female	Male Female	Male Female			
Place of birth (city or town)							
Country of birth							
Country of residence							
Country of citizenship							
Marital status (Use one of the categories listed in 9a)							
Relationship to me	SPOUSE						
Will accompany me to Canada	Yes No	🗌 Yes 🗌 No	Yes No	Yes No			
Passport number							
Country of issue							
Date of expiry	Day Month Year	Day Month Year	Day Month Year	Day Month Year			
Identity card number							
Current occupation							
Years of formal education							
Level of education attained (Use categories in 13)							
Fluent in English	Yes No	🗌 Yes 🗌 No	Yes No	🗌 Yes 🗌 No			
Fluent in French	Yes No	🗌 Yes 🗌 No	Yes No	🗌 Yes 🗌 No			
Native language							
17 PRINCIPAL APPLICANT: Attach an envelope containing photographs of yourself and each person listed in Item 16, as requested in Appendix C of the kit.							
ALL PHOTOGRAPHS MUST HAVE BEEN TAKEN WITHIN THE PAST 6 MONTHS AND MUST BE IDENTIFIED BY WRITING THE PERSON'S NAME AND DATE OF BIRTH ON THE BACK OF THE PHOTOGRAPH.							
FOR OFFICIAL USE ONL	_Y						
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IMM 0008 (09-2000) E INDEPENDENT

Name of applicant/dependent completing form

PAR	ТВ	SKILLS A		LIFICATIONS										
1	ANGU	AGE												
ABILITY IN ENGLISH:								ABILIT	Y IN FRE	ENCH:				
5	SPEAK	Fluent	y 🗌 V	Well 🗌 Wit	th iculty	Not at all		SPEAK	Fluently	□ We	ell	U With diffice	ulty	Not at all
F	READ	Fluent	y 🗆 V	Well 🗌 Wit diffi	th iculty	Not at all		READ	Fluently	U We	ell	U With diffice	ulty	Not at all
\ \	WRITE     Fluently     Well     With difficulty     Not at all     WRITE     Fluently     Well						ell	U With diffice	ulty	Not at all				
	EDUCA													
N	My educa			of years of school su					,					
		primary sc	lementary/ hool		ars of se h school	econdary/ I		Years of u college	university/			ars of forma prenticeship		
3 [	DETAIL		POST SE	CONDARY EDU	CATIO	N (including un	iversity	y, college	and apprention	ceship tra	aining)			
	From	Dates	То	-	Name	e of institution			C	ity and co	untry			/pe of ficate or
М	Y	М	Y		Name						unuy			na issued
	<u>  , ,</u>													
4	MY WO	DRK HISTC	DRY <i>SINC</i>	E MY 18th BIRT	HDAY	(Continue on a	separ	ate page i	if necessary)					
	From	Dales	То		ne of em			City	y and country		My o	occupation	Part time	Gross monthly
М	Y	M	Y	(Write name in ful	ii; do not	t use addreviation	is)						(✓)	salary
	<u>  , , ,</u>		_											
5	The follo	wing person	, employer	or organization in Ca	anada h	as offered to assi	st me a	fter arrival (	(Name and add	ress and c	opy of jo	b offer, if y	ou have on	e)
6 F	Relations	ship to me of	f nerson na	med in 5	7		Desti	nation in C	anada			8 How n	nuch mone	y will you bring
<u> </u>	Velationa		i person na	ined in 5		or town	Desti					with ye		y will you bring
								\$						
9 I have the following debts or legal obligations (for example, child support payments) owing to:(Give name of person(s) or organization)						inization)	Total debts (Amount)							
10	SINCE	MY 18th E Dates	SIRTHDAY	I HAVE LIVED A	AT THE	E FOLLOWING	S ADDI	RESSES						
м	From Y		To Y						C	Country				
		, , , ,	1 1 1											
	<u> </u>													
	<u> </u>													
				1				1					1	

PART C									
1 Since my 18th birthday, I have been (	or still am) a member of, or associated wi	th, the following political,	social, youth, student	t or vocational o	organizations, trade				
	clude military service (show rank, unit and				· · · · · · · · · · · · · · · · · · ·				
Dates					Deeliise held				
From To	Name and address of organiz	Type of organ	ization	Position held (if any)					
M Y M Y					(ii diry)				
2 MY PARENTS									
Father's full name									
Famers full flame									
		1		n					
	y or town of birth:	Country of birth:		If deceased, g					
Day Month Year				Day Mor	hth Year				
Mother's full name before marriage:									
Date of birth Cit	y or town of birth:	Country of birth:		If deceased, give date:					
Day Month Year				Day Mor	nth Year				
3 AUTHORITY TO DISCLOSE PER	SONAL INFORMATION								
A. I understand that the Canadian Go	vernment will contact any government auth	nority, includina police iu	dicial and state author	ities in all count	ries in which I have				
	e Canadian Government authorities of al								
	ials, convictions and sentences. I under		n will be used to ass	sist in evaluatin	g my suitability for				
admission to Canada or remaining	in Canada, pursuant to Canadian immigrat	ion legislation.							
B. I also authorize the release of inform	nation from my Immigration records to: (ch	eck one or more)							
	, G	,							
The individual named hereinafte	er:								
		(Name of indiv	idual)						
My sponsor									
My representative in Canada (if	anv)								
Name	of individual		Name of fi	m					
Name		Day Month	Year						
Signatur	e of applicant	Date							
4 DECLARATION OF APPLICANT		Date							
4 DECLARATION OF AFFEICANT									
I declare that the information I have g	given in this application is truthful, complete	e and correct.							
I understand that any false statemen	ts or concealment of a material fact may re	sult in my exclusion from	Canada and may be o	arounds for my r	prosecution or removal				
,	,	,	, , ,	, ,,					
<ul> <li>I understand all the foregoing statem</li> </ul>	ents, having asked for and obtained an ex	planation on every point v	which was not clear to	me.					
		Day Month	Year						
Signatur	e of applicant	Date							
DO NOT COMPLETE THE FOLLOW				CE OF A REF	'RESENTATIVE OF				
THE CANADIAN GOVERNMENT OR	AN OFFICIAL APPOINTED BY THE	CANADIAN GOVER	NMENT.						
5 SOLEMN DECLARATION									
· · · · · · · · · · · · · · · · · · ·		INTERPRETER DE	CLARATION						
					oolomply dealer-				
I,	, solemnly declare		and accurately interp						
complete and correct, and I make the			nt of this application a						
believing it to be true and knowing that		concerned.		ind any rolated i					
made under oath.									
	I have been informed by the person concerned, and I do verily believe, that								
			inderstands the natur						
make this solemn declaration conscientiously believing it to be true an knowing that it is of the same force and effect as is made under oath.									
		Knowing that it is of	ine same force and eff	iect as is made	under oath.				
Signature o	fapplicant		Signature of ir	nterpreter					
Declared before me at	this day of	of the year		Signature - f /	o official of				
				Signature of the Government of					
The information you provide on this fame in	collected updor the outbority of the Immigration	Act and will be used for the	urpose of ecococian second						
Canada. This information will be retained i	collected under the authority of the <i>Immigration</i> of n the Personal Information Bank EIC PPU 015 protection of and access to their personal infor	entitled Immigrant Case Fil	e. Under the provisions	s of the Privacy A	ct and the Access to				
Information Act, individuals have the right to located in all Citizenship and Immigration Of	protection of and access to their personal infor fices.	mation. Instructions for obta	aining information are pro	ovided in InfoSour	ce, a copy of which is				