# **CAN ENTRY IMMIGRATION**

# **Applicant Information**

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| **A. Personal Information** | | | | | | | | | | |
| Last Name (As in passport) | | |  | | | | | | | |
| First Name (As in passport) | | |  | | | | | | | |
| Any other name previously used? | | |  | | | | | | | |
| Present Address | | |  | | | | | | | |
| Email address | | |  | | | | | | | |
| Phone (with country code) | | |  | | |  | Fax | |  | |
| Height (Inches) | | |  | | | | | | | |
| Eye Color | | |  | | | | | | | |
| City, Country of Birth | | |  | | | | | | | |
| Date of Birth (MM-DD-YYYY) | | |  | | | | | | | |
| Native Language (Mother Tongue) | | |  | | | | | | | |
| Settlement funds available in CAD $ | | |  | | | | | | | |
| What city, province do you intend to reside? | | |  | | | | | | | |
| Existing PNP application or nomination from any Province (Y/N) | | | | | |  | | | | |
| If Yes, please provide expiry date and Name of Province | | | | |  | | | | | |
| **Passport details** | | | | | | | | | | |
| Passport No. | | |  | | | | | | | |
| Date of Issue | | |  | | | | | | | |
| Date of Expiry | | |  | | | | | | | |
| Country/Place of Issue | | |  | | | | | | | |
| **B. Education Information: Provide dates and location of all educational programs completed (senior secondary and onwards)** | | | | | | | | | | |
| From Date  MM-YYYY | To Date  MM-YYYY | Name of Institution | | City,  Country | | | | Type of  Certificate/degree | | Field of  Study |
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| Education Credential Assessment Report Details | | | | | | | | | | | | | | | |
| Name of Agency | | | |  | | | | | | | | | | | |
| Date of Assessment (MM-DD-YYYY) | | | |  | | | | | | | | | | | |
| Program Assessed | | | |  | | | | | | | | | | | |
| Result of Assessment | | | |  | | | | | | | | | | | |
| Language Test Exam Appeared in | | | | | | | | | | | | | | | |
| Test Report Form No. | | | | | | | | | |  | | | | | |
| Test Date (MM-DD-YYYY) | | | | |  | | | | Result Date (MM-DD-YYYY) | | | |  | | |
| Listening |  | | | | Reading |  | | | Writing | | |  | Speaking |  |  |
| Any Certificate of Qualification (Trade Certificate) from a Canadian province or territory (Y/N) | | | | | | | | | | | | | | | Y |
| **C. Employment Information** | | | | | | | | | | | | | | | |
| Current Job | | | Name of Employer | | | |  | | | | | | | | |
| Job Title | | | |  | | | | | | | | |
| Start Date (MM-DD-YYYY) | | | |  | | | | | | | | |
| Employer Contact Address | | | |  | | | | | | | | |
| Location Address | | | |  | | | | | | | | |
| Have any full time 1 year Job Offer in Canada? (Y/N) | | | | | | | | |  | | | | | | |
| If yes, please provide LMIA copy / LMIA exempt work permit under international, provincial agreement | | | | | | | | | | | | | | | |
| Work History: Provide a list of all jobs undertaken since the age of 18 or last 10 years (whichever is less) | | | | | | | | | | | | | | | |
| From Date  MM-YYYY | | To Date  MM-YYYY | | | Job Title | | | Hours  /Week | | | City and Country | | Name of Employer | | |
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| **D. Personal History: Please provide a list of all activities undertaken since the age of 18 or last 10 years (whichever is less). Examples of activities are Working, Studying, Travelling, Unemployed, In Detention, and Military etc.) NOTE: Please do not leave any gaps in the personal history** | | | | | | | | | | |
| From Date  MM-YYYY | To Date  MM-YYYY | | Activity,  Job Title | | | City, Country | Status in  Country | Name of Company/  Employer/School | | |
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| **E. Addresses: Please provide a list of all addresses where you have lived since the age of 18 or last 10 years**  **(whichever is less) NOTE: Please do not leave any gaps in the address history** | | | | | | | | | | |
| From Date DD-MM-  YYYY | | To Date DD-MM-  YYYY | | Apt Number (if applicable) and  Street Number | Street Name | | City/Town | Province | Postal Code | Country |
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| **F. Travel History: List all dates of travel made outside country of origin and current residence in the last 10 years or since 18 years of age, whichever is most recent. For additional space, please use the Additional**  **Comments Section** | | | | | |
| From Date  DD-MM-YYYY | To Date  DD-MM-YYYY | City of Travel | Country of Travel | Purpose of Travel | |
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| **G. Background Information: Please answer the questions with Yes or No if you or any family member have** | | | | | |
| 1. Been convicted of a crime or offence in Canada for which a pardon has not been granted under the Criminal Records Act of Canada? | | | | |  |
| 2. Ever committed, been arrested for, been charged with or convicted of any criminal offence in any country? | | | | |  |
| 3. Made previous claims for refugee protection in Canada or at a Canadian visa office abroad, in any other country or countries, or with the United Nations High Commissioner for Refugees? | | | | |  |
| 4. Been refused refugee status, or an immigrant or permanent resident visa (including a Certificat de sélection du Québec (CSQ) or application to the Provincial Nominee Program) or visitor or temporary resident visa, permit, denied entry or ordered to Canada or any other country? | | | | |  |
| 5. Been involved in an act of genocide, a war crime or in the commission of a crime against humanity? | | | | |  |
| 6. Used, planned or advocated the use of armed struggle or violence to reach political, religious or social objectives? | | | | |  |
| 7. Been associated with a group that used, uses, advocated or advocates the use of armed struggle or violence to reach political, religious or social objectives? | | | | |  |
| 9. Been a member of an organization that is or was engaged in an activity that is part of a pattern of criminal activity? | | | | |  |
| 10. Been detained, incarcerated, or put in jail? | | | | |  |
| 11. Had any serious disease (like tuberculosis, renal failure) or any physical or mental disorder? | | | | |  |
| 12. Have served in any country’s armed forces and performed any military/paramilitary service? | | | | |  |
| 13. Have held any government positions (civil servant, judge, police officer etc.) in any country? | | | | |  |

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| If responded Yes to any of the above questions, please provide details in the space below. | | | | | |
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| **H. Family Information** | | | | | |
| Current Marital Status | | | | | |
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| If MARRIED / COMMON LAW, please provide detail below: | | | | | |
| Date of Marriage (MM-DD-YYYY) | | | |  | |
| Full Name of Partner (First Name, Last Name) | | | |  | |
| Date of Birth (MM-DD-YYYY) | | | |  | |
| City, Country of Birth | | | |  | |
| Height (Inches) | | | |  | |
| Eye Color | | | |  | |
| Email address | | | |  | |
| Highest Level of Education | | | |  | |
| Present Address of Partner | | | |  | |
| Present Occupation of Partner | | | |  | |
| Intended Occupation of Partner | | | |  | |
| If Widow, please provide detail below: | | | | | |
| Date of Death (MM-DD-YYYY) | | | |  | |
| City of Deceased | | | |  | |
| **Passport details of partner** | | | | |
| Passport No. | | |  | |
| Date of Issue | | |  | |
| Date of Expiry | | |  | |
| Country/Place of Issue | | |  | |
| Previous Marriage (if applicable) | | | | | |
| Were you previously MARRIED or in a COMMON-LAW relationship?    If YES, please provide detail about your previous spouse or partner below: | | | | | |
| Full Name of Partner (First Name, Last Name) | | | |  | |
| Type of relationship | | | |  |  |
| From (MM-DD-YYYY) | | | |  | |
| To (MM-DD-YYYY) | | | |  | |
| Date of Birth (MM-DD-YYYY) | | | |  | |



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| Parents Information: Provide information about your father and mother | | | | | | | |
| Father | | Full Name | |  | | | |
| Date of birth (MM-DD-YYYY) | |  | | | |
| City, Country of Birth | |  | | | |
| Marital Status | |  | | | |
| Present Address | |  | | | |
| Email address | |  | | | |
| Present Occupation | |  | | | |
| If deceased, Date and City of  Death (MM-DD-YYYY) | |  | | | |
| Mother | | Full Name | |  | | | |
| Date of birth (MM-DD-YYYY) | |  | | | |
| City, Country of Birth | |  | | | |
| Marital Status | |  | | | |
| Present Address | |  | | | |
| Email address | |  | | | |
| Present Occupation | |  | | | |
| If deceased, Date and City of  Death (MM-DD-YYYY) | |  | | | |
| Sibling Information: List your brothers/sisters/half-brothers/half-sisters/step-brothers/step-sisters | | | | | | | |
| Name | Relationship | | Date of birth  (MM-DD-YYYY) | | Place of birth | Marital Status | City, Country of Residence/If deceased, Date and City of  Deceased |
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| Children Information: List your son/daughter/step-son/step-daughter | | | | | | | | | |
| Name | Relationship | | Eye  Color | | Height | Marital  Status | | City, Country  of Birth | City, Country of  Residence |
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| Family Members in Canada: List all relatives of you or your spouse living in Canada | | | | | | | | | |
| Name | | Relationship | | Status in  Canada | | | Present Address | | |
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| Additional Comments: Provide any other information relevant to your application | | | | | | | | | |
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