

Date of receipt stamp at post

I AM ► ☐ The principal applicant **OR** ☐ A dependant aged 18 years or older

NOTE: ALL PERSONS AGE 18 YEARS OR OLDER MUST COMPLETE THIS FORM.

IMM 0008 (10-1999) E INDEPENDANT

PERSONAL DETAILS OF ALL MY DEPENDANTS WHETHER ACCOMPANYING ME OR NOT (If you require additional space, attach separate sheet.)

14	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
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> 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 7a)				
Relationship to me	SPOUSE			
Will accompany me to Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 11)				
Fluent in English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fluent in French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Native language				

15 PRINCIPAL APPLICANT: Attach three current passport size photographs, or the number requested in Appendix C of the kit, of yourself and each person listed in item 14 Part A. Attach photograph in a way that it allows it to be removed (for example, by staple rather than glue).

Applicant	Spouse	Dependant 1	Dependant 2	Dependant 3
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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.

Name of applicant/dependant completing form

PART B SKILLS AND QUALIFICATIONS

1 LANGUAGE											
ABILITY IN ENGLISH:					ABILITY IN FRENCH:						
SPEAK <input type="checkbox"/> Fluently <input type="checkbox"/> Well <input type="checkbox"/> With difficulty <input type="checkbox"/> Not at all					SPEAK <input type="checkbox"/> Fluently <input type="checkbox"/> Well <input type="checkbox"/> With difficulty <input type="checkbox"/> Not at all						
READ <input type="checkbox"/> Fluently <input type="checkbox"/> Well <input type="checkbox"/> With difficulty <input type="checkbox"/> Not at all					READ <input type="checkbox"/> Fluently <input type="checkbox"/> Well <input type="checkbox"/> With difficulty <input type="checkbox"/> Not at all						
WRITE <input type="checkbox"/> Fluently <input type="checkbox"/> Well <input type="checkbox"/> With difficulty <input type="checkbox"/> Not at all					WRITE <input type="checkbox"/> Fluently <input type="checkbox"/> Well <input type="checkbox"/> With difficulty <input type="checkbox"/> Not at all						
2 EDUCATION											
My education (indicate number of years of school successfully completed): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="text"/> Years of elementary/ primary school <input type="text"/> Years of secondary/ high school <input type="text"/> Years of university/ college <input type="text"/> Years of formal apprenticeship/training </div>											
3 DETAILS OF MY POST SECONDARY EDUCATION (including university, college and apprenticeship training)											
Dates		Name of institution			City and country		Type of certificate or diploma issued				
From M Y	To M Y										
4 MY WORK HISTORY <i>SINCE MY 18th BIRTHDAY</i> (Continue on a separate page if necessary)											
Dates		Name of employer (Write name in full; do not use abbreviations)		City and country		My occupation		Part time (✓)		Gross monthly salary	
From M Y	To M Y										
5 The following person, employer or organization in Canada has offered to assist me after arrival (Name and address and copy of job offer, if you have one)											
6 Relationship to me of person named in 5				7 Destination in Canada				8 How much money will you bring with you?			
				a) City or town		b) Province		\$			
9 I have the following debts or legal obligations (for example, child support payments) owing to: (Give name of person(s) or organization)								Total debts (Amount)			
10 <i>SINCE MY 18th BIRTHDAY</i> I HAVE LIVED AT THE FOLLOWING ADDRESSES											
Dates		Street and number			City or town			Country			
From M Y	To M Y										

PART C

1 Since my 18th birthday, I have been (or still am) a member of, or associated with, the following political, social, youth, student or vocational organizations, trade unions or professional associations. Include military service (show rank, unit and location of service in last column)

Dates		Name and address of organization	Type of organization	Position held (if any)
From	To			
M Y	M Y			

2 MY PARENTS

Father's full name _____

Date of birth Day Month Year 	City or town of birth: _____	Country of birth: _____	If deceased, give date: Day Month Year
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Mother's full name before marriage: _____

Date of birth Day Month Year 	City or town of birth: _____	Country of birth: _____	If deceased, give date: Day Month Year
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3 AUTHORITY TO DISCLOSE PERSONAL INFORMATION

A. I understand that the Canadian Government will contact any government authority, including police, judicial and state authorities in all countries in which I have resided, to seek the release to the Canadian Government authorities of all records and information that they may possess on my behalf concerning any investigations, arrests, charges, trials, convictions and sentences. I understand that this information will be used to assist in evaluating my suitability for admission to Canada or remaining in Canada, pursuant to Canadian immigration legislation.

B. I also authorize the release of information from my Immigration records to: (check one or more)

- ☐ The individual named hereinafter: _____ (Name of individual)
- ☐ My sponsor
- ☐ My Canadian representative (if any)

Name of individual Name of firm

Signature of applicant Date

4 DECLARATION OF APPLICANT

- I declare that the information I have given in this application is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.

Signature of applicant Date

DO NOT COMPLETE THE FOLLOWING SECTION NOW. YOU MAY BE ASKED TO SIGN IN THE PRESENCE OF A REPRESENTATIVE OF THE CANADIAN GOVERNMENT OR AN OFFICIAL APPOINTED BY THE CANADIAN GOVERNMENT.

5 SOLEMN DECLARATION

I, _____, solemnly declare that the information I have given in the foregoing application is truthful, complete and correct, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of applicant

INTERPRETER DECLARATION

I, _____, do solemnly declare that I have faithfully and accurately interpreted in the _____ language the content of this application and any related forms to the person concerned.

I have been informed by the person concerned, and I do verily believe, that he/she completely understands the nature and effect of these forms, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as is made under oath.

Signature of interpreter

Declared before me at _____ this _____ day of _____ of the year _____
Signature of the official of Government of Canada

The information you provide on this form is collected under the authority of the *Immigration Act* and will be used for the purpose of assessing your application for permanent residence in Canada. This information will be retained in the Personal Information Bank EIC PPU 015 entitled Immigrant Case File. Under the provisions of the *Privacy Act* and the *Access to Information Act*, individuals have the right to protection of and access to their personal information. Instructions for obtaining information are provided in InfoSource, a copy of which is located in all Citizenship and Immigration Offices.