

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

PART A PERSONAL DETAILS								
a) My family name (surname) is:	b) Given na	ime(s):						
c) My full name written in my native language (for ex	ample, Script, Arabic, Cyrillic, Cr	ninese, Korean, Japanese cl	haracters or Chinese commercial/	(telegraphic code) is:				
2 All other names I have used including name(s) b	efore marriage (if applicable):		3 Sex					
·).		Male Femal	e				
4 a) My date of birth is: b) Place of	pirth (city or town)	c) Country of birth	5 I am a citizen of:	I am a citizen of:				
Day Month Year								
	b) Tolophono numbor		- i					
a) My mailing address is:	a) My mailing address is: b) Telephone number			current residential address is:				
	c) Facsimile number							
7 a) My present marital status is:	1	b) I have been married m	ore than once:					
Never married Engaged	Married Widowed							
Separated Divorced	Annulled marriage	Yes No	es 🕨					
8 a) My passport number is b) Coun	try of issue	c) Date of expiry Day Month	l number					
			Year					
a) Current occupation		b) My intended occupatio	n in Canada is:					
10 Total years 11 Indicate your level of education	1			12 My native				
of formal education	Formal trade	Non-university certificate	Some university, but no degree	language is:				
		or diploma	- <i>,,,</i> ,,					
Bachelor's degree	studies, but no degree	Master's degree	Ph. D.					
13 Have you or has any one of the persons in quest	ion (14) PART A ever: (Check "	Yes" or "No")						
A. Been convicted of or currently charged with	a crime or 🔄 Yes 🗌 No 🛛 🖡	E. Whether in peace or war	r, have you ever been involved i	in the Yes No				
crime against humanity, such as: willful killing, torture, attacks								
B. Previously sought refugee status in Canada for an immigrant or visitor visa?	Yes No	civilians or prisoners of wa	vation or other inhumane acts ag ar?	yainsi				
C. Been refused refugee status in, or an immigrant or visitor visa to. Canada or any other country, or have Ves No								
been refused a CSQ to Quebec?			, religious or social objectives?					
D. Been refused admission to, or ordered to leav or any other country?	 Been detained or incarcer 	Yes No						
	ŀ	Had any serious disease	or physical or mental disorder?	Yes No				
If the answer to any of the above is "Yes ", provide of	letails here:							
				~				
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Date of receipt stamp at post

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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	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 7a)								
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 11)								
Fluent in English	🗌 Yes 🗌 No	🗌 Yes 🗌 No	Yes No	🗌 Yes 🗌 No				
Fluent in French	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 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				
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.								
BT WITHING THE FERSON'S NAME AND DATE OF BIRTHON THE DAOR OF THE THOTOGRAFH.								

Name of applicant/dependant completing form

PA	RT B	SKILLS A	ND QUA	LIFICATIONS										
1	LANGU	AGE												
	ABILITY IN ENGLISH:								ABILITY	IN FREN	CH:			
	SPEAK	Fluently	y 🗌	Well 🗌 Wi	ith ficulty	Not at all	SI	PEAK	Fluently	Wel	I	U With difficul	ty	Not at all
	READ	Fluently	y 🗋	Well 🗌 Wi	ith ficulty	Not at all	R	EAD	Fluently	Wel	I	U With difficul	ty	Not at all
	WRITE	Fluently	y 🗌	Well 🗌 Wi	ith ficulty	Not at all	w	RITE	Fluently	Wel	I	U With	ty	Not at all
	My educa			of years of school su										
		Years of el primary sc			ars of se h school			ears of u llege	university/			of formal nticeship/		
3	DETAII	S OF MY I	POST SF	CONDARY EDU	CATION	N (including uni	iversity, co	ollege	and apprentic	eship trai	nina)			
F	021742	Dates	00102		0/1101	t (morading and	iverency, et	onogo			inig/		Τ\	/pe of
	From		То	-	Name	of institution			City and country				certificate or	
Μ	Y	M	Y										alpior	na issued
H														
4	MY WC	DRK HISTC	DRY <i>SINC</i>	E MY 18th BIRT	THDAY (Continue on a	separate	page i	if necessary)				_	
	From	Dates	То		ne of emp		0)	City	y and country		Му осс	upation	Part time	Gross monthly
М	Y	М	Y	(Write name in fu	ili; do not	use appreviation	5)						(✓)	salary
5	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	Relations	ship to me of	person na	med in 5	7		Destinatio	on in Ca	anada		8			y will you bring
					a) City	or town		b) Flowince			with yo	'ou'?		
												\$		
9	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)								(Amount)					
Io SINCE MY 18th BIRTHDAY I HAVE LIVED AT THE FOLLOWING ADDRESSES Dates														
м	From Y		To Y	Street and number				City or town				C	Country	

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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 associatio	ns. Include military service (show rank, unit and	location of service in last	column)						
From To	Name and address of organiz	ation	Type of organization	Position held					
M Y M Y			.)	(if any)					
2 MY PARENTS									
Father's full name									
Dete et high	City or town of high	Country of hirths	16 -1	han alastan					
Date of birth Day Month Year	City or town of birth:	Country of birth:	If deceased, g Day Mor						
Mother's full name before marriage:									
		1							
Date of birth	City or town of birth:	Country of birth: If deceased, give date:							
Day Month Year		Day Month Year							
3 AUTHORITY TO DISCLOSE	E PERSONAL INFORMATION								
	an Government will contact any government auth	ority, including police. iu	dicial and state authorities in all count	ries in which I have					
resided, to seek the release	e to the Canadian Government authorities of al	records and information	n that they may possess on my beh	alf concerning any					
	ges, trials, convictions and sentences. I unders aining in Canada, pursuant to Canadian immigrat		on will be used to assist in evaluatin	g my suitability for					
P I also authorize the relaces o	f information from my Immigration records to: (ch	ook opo or moro)							
B. Taiso autionze the release o	i information nom my infinigration records to. (ch								
The individual named her	einafter:								
My sponsor		(Name of indiv	/idual)						
My Canadian representati	ive (if any)								
	Name of individual		Name of firm						
'		Day Month	Year						
Si	gnature of applicant	Date	· · · · · · · · · · · · · · · · · · ·						
4 DECLARATION OF APPLIC	CANT								
I declare that the information I	have given in this application is truthful, complete	and correct.							
 I understand that any false sta 	tements or concealment of a material fact may re	sult 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 ex	planation on every point	which was not clear to me.						
	,								
		Day Month	Year						
	Signature of applicant Date								
Signature of applicant Date DO NOT COMPLETE THE FOLLOWING SECTION NOW. YOU MAY BE ASKED TO SIGN IN THE PRESENCE OF A REPRESENTATIVE OF									
	T OR AN OFFICIAL APPOINTED BY THE			RESENTATIVE OF					
5 SOLEMN DECLARATION									
		INTERPRETER DE	CLARATION						
l	, solemnly declare	l	, do	solemnly declare					
that the information I have giv	en in the foregoing application is truthful,	that I have faithfully	and accurately interpreted in the	•					
	ake this solemn declaration conscientiously ng that it is of the same force and effect as if	language the conte concerned.	nt of this application and any related f	orms to the person					
made under oath.	ig that it is of the same force and effect as if	concerned.							
			ed by the person concerned, and I do						
	understands the nature and effect of declaration conscientiously believing								
knowing that it is of the same force and effect as is made under oath.									
Signa	ature of applicant		Signature of interpreter						
· · · · · · · · · · · · · · · · · · ·									
Declared before me at this day of of the year									
		,	Signature of the Government of						
The information you provide an this f	orm is collected under the outbority of the Immigration	Act and will be used for the							
Canada. This information will be ret	orm is collected under the authority of the Immigration / ained in the Personal Information Bank EIC PPU 015 right to protection of and access to their personal info	entitled Immigrant Case F	ile. Under the provisions of the <i>Privacy</i> A	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.									