

- Family Name
Alshtiwi
- First (and additional) Name(s)
Ahmad
- Date of birth (YYYY-MM-DD)

- Email address
ahmadalshtiwi45@gmail.com
- Phone number
00905368416691
- Address
Istanbul
- City/ Town of residence
Istanbul
- Province/ State of residence
Turkey Istanbul
- Country of residence
Syria
- What is your country of citizenship 1?
Turkey
- Are you (or the person you are filling this out for) interested in applying for Canadian permanent residence?
Yes
- Are you (or the person you are filling this out for) disabled and dependent on at least one parent for financial support?
Yes
- Do you (or the person you are filling this out for) have a parent who is a Canadian permanent resident or Canadian citizen?
Yes
- Are you (or the person you are filling this out for) adopted by that Canadian parent?
Yes
- Would you like professional assistance with the application process?
Yes