

- Family Name  
**Dias Wijegunasinghe**
- First (and additional) Name(s)  
**Viraj**
- Date of birth (YYYY-MM-DD)  
**1996-01-31**
- Email address  
**rashinimadubashini3@gmail.com**
- Phone number  
**+94767050919**
- Country of residence  
**Sri Lanka**
- What is your country of citizenship 1?  
**Sri Lanka**
- What is your country of citizenship 2? (optional)  
**Sri Lanka**
- What is your country of citizenship 3? (optional)  
**Sri Lanka**
- Are you (or the person you are filling this out for) interested in applying for Canadian work permits or 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**