- Family Nameshah
- First (and additional) Name(s)

# mutbahir

Date of birth (YYYY-MM-DD)

#### 1995-09-01

Email address

# shahmutbahi@ail.com

Phone number

## 312223

• City/ Town of residence

#### fsd

• Province/ State of residence

## fsd

Country of residence

# **Afghanistan**

What is your country of citizenship 1?

#### **Belarus**

- 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?

# No