

- Family Name
appeal
- First (and additional) Name(s)
appeal
- Date of birth (YYYY-MM-DD)
2000-12-01
- Email address
appeal@appeal.com
- Phone number
12345567
- Address
Test
- City/ Town of residence
Vancouver
- Province/ State of residence
BC
- Country of residence
Canada
- What is your country of citizenship 1?
Benin
- Are you (or the person you are filling this out for) interested in applying for Canadian permanent residence?
No
- Are you (or the person you are filling this out for) interested in applying for Canadian citizenship?
No
- Have you or your spouse been refused Canadian permanent residence?
Yes
- Was it following a spousal or family sponsorship application?
Yes
- Was the date of refusal within the last 30 days?
No
- Would you like professional assistance with the appeal?
Yes
- Are you interested in immigration to Quebec?
No