



## GENERIC APPLICATION FORM FOR CANADA

### APPLICATION DETAILS

1	*Program under which you are applying Other	2	*Category under which you are applying In Canada - Humanitarian & Compassionate Considerations	Office use only validated Yes
3	*How many family members, including you, are in this application (see Instructions guide)? 6			
4	Language preference for: *a) Correspondence English *b) Interview English *c) Interpreter requested No		5 Where do you intend to live in Canada? *a) Province/Territory ON *b) City/Town Toronto	
6	a) Have you received your Certificat de Sélection du Québec (CSQ)? No Yes		b) If yes, please indicate the number c) If no, when did you apply for your CSQ? YYYY-MM-DD	

### PERSONAL DETAILS

1	Full Name *Family name(s) (exactly as shown on your passport or travel document) DIFFANG		Given name(s) (exactly as shown on your passport or travel document) MOLEKA JONAS		
2	a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.)? <input checked="" type="checkbox"/> *No <input type="checkbox"/> *Yes b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.) Family name(s) Given name(s)				
3	UCI 1110509376	4	*Sex M Male	5 Height cm 171 OR ft. 5 in. 7	6 *Eye colour Brown
7	Date of Birth 1988 11 15 *YYYY *MM *DD		8 Place of Birth *City/Town KUMBA *Country Cameroon		
9	Citizenship(s) 1) Cameroon 2)				
10	Current country of residence:				
Country		Status	Other	From	To
Canada		Other	FAILED REFUGEE	2018-03-07 YYYY-MM-DD	2021-03-15 YYYY-MM-DD
11	Date and place of your last entry to Canada 2018-03-07 YYYY-MM-DD		*Place LA COLLE, QC CANADA		
12	a) Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? <input checked="" type="checkbox"/> *No <input type="checkbox"/> *Yes b) If you answered "yes" to question 12 a), please provide details				
Country		Status	Other	From	To
				YYYY-MM-DD	YYYY-MM-DD
				YYYY-MM-DD	YYYY-MM-DD

Applicant Name DIFFANG, M.		Date of Birth 1988-11-15	
13 a) Your current marital status Married		b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship 2014-12-29 YYYY-MM-DD	
c) Provide the name of your current spouse/common-law partner *Family name(s) WENDJI AUDE		Given name(s) MBEH	
14 a) Have you previously been married or in a common-law relationship? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes			
b) Provide the following details for your previous spouse/common-law partner: Family name(s) Given name(s)			
c) Type of relationship		d) From YYYY-MM-DD	e) Date of Birth YYYY MM DD

**CONTACT INFORMATION**

1 <b>Current mailing address</b> - All correspondence will go to this address unless you indicate your e-mail address below. - Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify. - If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.						
P.O. box	Apt./Unit	Street no. 951	*Street name MOUNT PLEASANT ROAD			
City/Town TORONTO	*Country Canada	*Province/State ON	*Postal code M4P 2L7	District		
2 <b>Residential address</b> Same as mailing address? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes						
Apt./Unit	Street no. 4	*Street name WHITEVILLE COURT			*City/Town STOUFFVILLE	
*Country Canada		*Province/State ON	*Postal code L4A 4M6	District		
3 <b>Telephone no.</b> <input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other						
4 <b>Alternate Telephone no.</b> <input type="checkbox"/> Canada/US <input type="checkbox"/> Other						
*Type Cellular	Country Code 1	*No. ( 514 )	Ext. 559 - 5554			
5 <b>Fax no.</b> <input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other						
6 <b>E-mail address</b> msilcoff@silcoffshacter.com						

**PASSPORT**

1 Do you have a valid passport/travel document? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes				
2 Passport/Travel document number (exactly as shown on your passport or travel document)		3 Country of issue		4 Issue date YYYY-MM-DD
				5 Expiry date YYYY-MM-DD
5 * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> No <input type="checkbox"/> Yes				
6 * For this trip, will you use a National Israeli passport? <input type="checkbox"/> No <input type="checkbox"/> Yes				

**NATIONAL IDENTITY DOCUMENT**

1 Do you have a national identity document? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes				
2 Document number		3 Country of issue		4 Issue date YYYY-MM-DD
				5 Expiry date YYYY-MM-DD

Applicant Name DIFFANG, M.	Date of Birth 1988-11-15
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## EDUCATION/OCCUPATION DETAIL

1 * Highest level of education Bachelor's Degree	2 * Number of years of education in total 19
3 * Current occupation PERSONAL SUPPORT WORKER	4 * Intended occupation PERSONAL SUPPORT WORKER

## LANGUAGE DETAIL

1 *a) Native language/Mother Tongue English	*b) Are you able to communicate in English and/or French? English	c) In which language are you most at ease? 
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes		

## DEPENDANT(S)

You must provide the following details about each of your family members, whether they will be accompanying you to Canada or not. **You must include your spouse or common-law partner, if applicable, and all of your dependent children, and those of your spouse or common-law partner, who are not already permanent residents or citizens of Canada.**

## MBEH.W

## PERSONAL DETAILS


1 Full Name * Family name(s) (exactly as shown on your passport or travel document) WENDJI AUDE		Given name(s) (exactly as shown on your passport or travel document) MBEH	
2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.) Family name(s) Given name(s)			
3 UCI	4 *Sex F Female	5 Height 169 cm OR 5 ft. 7 in.	6 *Eye colour Brown
7 Date of Birth 1996 02 19 * YYYY * MM * DD	8 Place of birth * City/Town KUMBA *Country Cameroon		
9 Citizenship(s) 1) Cameroon		2)	
10 *a) Relationship to principal applicant Spouse		b) Other	
11 a) Will accompany principal applicant to Canada? <input type="checkbox"/> * No <input checked="" type="checkbox"/> * Yes b) Reason why dependant is non-accompanying		12 Dependant Type	
13 Current country of residence:			
Country Cameroon	Status Citizen	Other	From YYYY-MM-DD To YYYY-MM-DD
14 Date and place of your last entry to Canada Date YYYY-MM-DD		Place	

Applicant Name DIFFANG, M.	Date of Birth 1988-11-15
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**15** a) Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? ☒ \* No ☐ \* Yes  
b) If you answered "yes" to question 15 a), please provide details

Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD

**16** \*a) Your current marital status  
Married

b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship  \*Date  
2014-12-29  
YYYY-MM-DD

c) Provide the name of your current spouse/common-law partner  
\*Family name(s)  
DIFFANG

Given name(s)  
MOLEKA JONAS

**17** a) Have you previously been married or in a common-law relationship? ☒ \* No ☐ \* Yes  
b) Provide the following details for your previous spouse/common-law partner:

Family name(s)	Given name(s)

c) Type of relationship

d) From	To
YYYY-MM-DD	YYYY-MM-DD

**PASSPORT**

**1** Do you have a valid passport/travel document? ☒ \* No ☐ \* Yes

<b>2</b> Passport/Travel document number (exactly as shown on your passport or travel document)	<b>3</b> Country of Issue	<b>4</b> Issue date YYYY-MM-DD	<b>5</b> Expiry date YYYY-MM-DD
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**5** \* For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? ☐ No ☐ Yes

**6** \* For this trip, will you use a National Israeli passport? ☐ No ☐ Yes

**NATIONAL IDENTITY DOCUMENT**

**1** Do you have a national identity document? ☒ \* No ☐ \* Yes

<b>2</b> Document number	<b>3</b> Country of issue	<b>4</b> Issue date YYYY-MM-DD	<b>5</b> Expiry date YYYY-MM-DD
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**EDUCATION/OCCUPATION DETAIL**

<b>1</b> * Highest level of education Post Graduate - No Degree	<b>2</b> * Number of years of education in total 15
<b>3</b> * Current occupation HOMEMAKER	<b>4</b> * Intended occupation HOMEMAKER

**LANGUAGE DETAIL**

<b>1</b> *a) Native language/Mother Tongue English	*b) Are you able to communicate in English and/or French? English	c) In which language are you most at ease? 
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d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? ☒ \* No ☐ \* Yes

**EMELY-FAVOUR TABI.D****PERSONAL DETAILS**

<b>1</b> Full Name *Family name(s) (exactly as shown on your passport or travel document) DIFFANG	Given name(s) (exactly as shown on your passport or travel document) EMELY-FAVOUR TABI
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Applicant Name DIFFANG, M.						Date of Birth 1988-11-15	
<b>2</b> a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.) Family name(s) _____ Given name(s) _____							
<b>3</b> UCI		<b>4</b> *Sex F Female		<b>5</b> Height 80 cm		<b>6</b> *Eye colour Brown	
<b>7</b> Date of Birth 2016 01 19 YYYY MM DD		<b>8</b> Place of birth City/Town BUGA		*Country Cameroon			
<b>9</b> Citizenship(s)							
1) Cameroon				2) _____			
<b>10</b> *a) Relationship to principal applicant Child				b) Other _____			
<b>11</b> a) Will accompany principal applicant to Canada? <input type="checkbox"/> * No <input checked="" type="checkbox"/> * Yes b) Reason why dependant is non-accompanying _____				<b>12</b> *Dependant Type Type A Dependant			
<b>13</b> Current country of residence:							
Country		Status		Other		From To	
* Cameroon		* Citizen				YYYY-MM-DD YYYY-MM-DD	
<b>14</b> Date and place of your last entry to Canada				Date Place			
				YYYY-MM-DD			
<b>15</b> a) Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes b) If you answered "yes" to question 15 a), please provide details							
Country		Status		Other		From To	
						YYYY-MM-DD YYYY-MM-DD	
						YYYY-MM-DD YYYY-MM-DD	
<b>16</b> *a) Your current marital status Single				b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship			
				Date YYYY-MM-DD			
c) Provide the name of your current spouse/common-law partner							
Family name(s)				Given name(s)			
<b>17</b> a) Have you previously been married or in a common-law relationship? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes b) Provide the following details for your previous spouse/common-law partner:							
Family name(s)				Given name(s)			
c) Type of relationship		d) From		To			
		YYYY-MM-DD		YYYY-MM-DD			

Applicant Name

DIFFANG, M.

Date of Birth

1988-11-15

**PASSPORT**

1 Do you have a valid passport/travel document? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes				
2 Passport/Travel document number (exactly as shown on your passport or travel document)		3 Country of Issue	4 Issue date YYYY-MM-DD	5 Expiry date YYYY-MM-DD
5 * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> No <input type="checkbox"/> Yes				
6 * For this trip, will you use a National Israeli passport? <input type="checkbox"/> No <input type="checkbox"/> Yes				

**NATIONAL IDENTITY DOCUMENT**

1 Do you have a national identity document? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes				
2 Document number		3 Country of Issue	4 Issue date YYYY-MM-DD	5 Expiry date YYYY-MM-DD

**EDUCATION/OCCUPATION DETAIL**

1 * Highest level of education Secondary or less		2 * Number of years of education in total 2
3 * Current occupation STUDENT	4 * Intended occupation STUDENT	

**LANGUAGE DETAIL**

1 *a) Native language/Mother Tongue English	*b) Are you able to communicate in English and/or French? English	c) In which language are you most at ease? English
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes		

**FERVANT TANSAH.D****PERSONAL DETAILS**

1 Full Name *Family name(s) (exactly as shown on your passport or travel document) DIFFANG		Given name(s) (exactly as shown on your passport or travel document) FERVANT TANSAH			
2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.)? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.) Family name(s) Given name(s)					
3 UCI	4 *Sex M Male	5 Height 65 cm OR 2 ft. 2 in.	6 *Eye colour Brown		
7 Date of Birth 2017 03 27 YYYY MM DD	8 Place of birth City/Town BUGA		*Country Cameroon		
9 Citizenship(s) 1) Cameroon 2)					
10 *a) Relationship to principal applicant Child			b) Other		
11 a) Will accompany principal applicant to Canada? <input type="checkbox"/> * No <input checked="" type="checkbox"/> * Yes b) Reason why dependant is non-accompanying			12 *Dependant Type Type A Dependant		



Applicant Name

DIFFANG, M.

Date of Birth

1988-11-15

**13 Current country of residence:**

Country	Status	Other	From	To
Cameroon	Citizen		YYYY-MM-DD	YYYY-MM-DD

<b>14</b>	Date	Place
<b>Date and place of your last entry to Canada</b> ▶	YYYY-MM-DD	

**15 a) Previous countries of residence:** During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? ☒ \* No ☐ \* Yes

b) If you answered "yes" to question 15 a), please provide details

Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD

<b>16</b>	*a) Your current marital status	b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship ▶	Date
	Single		YYYY-MM-DD

c) Provide the name of your current spouse/common-law partner

Family name(s)	Given name(s)

**17 a) Have you previously been married or in a common-law relationship?** ☒ \* No ☐ \* Yes

b) Provide the following details for your previous spouse/common-law partner:

Family name(s)	Given name(s)

c) Type of relationship	d) From	To
	YYYY-MM-DD	YYYY-MM-DD

**PASSPORT**

<b>1</b>	Do you have a valid passport/travel document? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes						
<b>2</b>	Passport/Travel document number (exactly as shown on your passport or travel document)	<b>3</b>	Country of issue	<b>4</b>	Issue date	<b>5</b>	Expiry date
					YYYY-MM-DD		YYYY-MM-DD
<b>5</b>	* For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> No <input type="checkbox"/> Yes						
<b>6</b>	* For this trip, will you use a National Israeli passport? <input type="checkbox"/> No <input type="checkbox"/> Yes						

**NATIONAL IDENTITY DOCUMENT**

<b>1</b>	Do you have a national identity document? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes						
<b>2</b>	Document number	<b>3</b>	Country of issue	<b>4</b>	Issue date	<b>5</b>	Expiry date
					YYYY-MM-DD		YYYY-MM-DD

**EDUCATION/OCCUPATION DETAIL**

<b>1</b>	* Highest level of education	<b>2</b>	* Number of years of education in total
	None		0
<b>3</b>	* Current occupation	<b>4</b>	* Intended occupation
	N/A		N/A

**LANGUAGE DETAIL**

<b>1</b>	*a) Native language/Mother Tongue	*b) Are you able to communicate in English and/or French?	c) In which language are you most at ease?
	English	English	
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes			

Applicant Name

DIFFANG, M.

Date of Birth

1988-11-15

## NATHAN MOLEKA.D

## PERSONAL DETAILS

<b>1 Full Name</b>									
*Family name(s) (exactly as shown on your passport or travel document)		Given name(s) (exactly as shown on your passport or travel document)							
DIFFANG		NATHAN MOLEKA							
<b>2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ?</b>		<input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes							
b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.)									
Family name(s)		Given name(s)							
<b>3 UCI</b>	<b>4 *Sex</b>	<b>5</b>	<b>Height</b>	<b>*cm</b>	<b>OR</b>	<b>ft.</b>	<b>in.</b>	<b>6 *Eye colour</b>	
	M Male			52		1	8	Brown	
<b>7 Date of Birth</b>	<b>8 Place of birth</b>								
2018 07 19	City/Town		*Country						
YYYY MM DD	BUGA		Cameroon						
<b>9 Citizenship(s)</b>									
1) ► Cameroon					2) ►				
<b>10 *a) Relationship to principal applicant</b>					<b>b) Other</b>				
Child									
<b>11 a) Will accompany principal applicant to Canada?</b> <input type="checkbox"/> * No <input checked="" type="checkbox"/> * Yes					<b>12 *Dependant Type</b>				
b) Reason why dependant is non-accompanying					Type A Dependant				
<b>13 Current country of residence:</b>									
Country		Status		Other		From		To	
* Cameroon		* Citizen				YYYY-MM-DD		YYYY-MM-DD	
<b>14 Date and place of your last entry to Canada</b> ►									
Date		Place							
YYYY-MM-DD									
<b>15 a) Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months?</b> <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes									
b) If you answered "yes" to question 15 a), please provide details									
Country		Status		Other		From		To	
						YYYY-MM-DD		YYYY-MM-DD	
						YYYY-MM-DD		YYYY-MM-DD	
<b>16 *a) Your current marital status</b>									
Single		b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship		Date					
				YYYY-MM-DD					
c) Provide the name of your current spouse/common-law partner									
Family name(s)		Given name(s)							



Applicant Name DIFFANG, M.	Date of Birth 1988-11-15
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17 a) Have you previously been married or in a common-law relationship? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes			
b) Provide the following details for your previous spouse/common-law partner:			
Family name(s)		Given name(s)	
c) Type of relationship	d) From	To	
	YYYY-MM-DD	YYYY-MM-DD	

<b>PASSPORT</b>				
1 Do you have a valid passport/travel document? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes				
2 Passport/Travel document number (exactly as shown on your passport or travel document)	3 Country of issue	4 Issue date	5 Expiry date	
		YYYY-MM-DD	YYYY-MM-DD	
5 * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> No <input type="checkbox"/> Yes				
6 * For this trip, will you use a National Israeli passport? <input type="checkbox"/> No <input type="checkbox"/> Yes				

<b>NATIONAL IDENTITY DOCUMENT</b>				
1 Do you have a national identity document? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes				
2 Document number	3 Country of issue	4 Issue date	5 Expiry date	
		YYYY-MM-DD	YYYY-MM-DD	

<b>EDUCATION/OCCUPATION DETAIL</b>	
1 * Highest level of education None	2 * Number of years of education in total 0
3 * Current occupation N/A	4 * Intended occupation N/A

<b>LANGUAGE DETAIL</b>		
1 *a) Native language/Mother Tongue English	*b) Are you able to communicate in English and/or French? English	c) In which language are you most at ease? 
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes		

**ETHAN POUMENIE.D**  
**PERSONAL DETAILS**

1 Full Name	
*Family name(s) (exactly as shown on your passport or travel document) DIFFANG	Given name(s) (exactly as shown on your passport or travel document) ETHAN POUMENIE
2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.)? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes	
b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.)	
Family name(s)	Given name(s)
3 UCI	4 *Sex M Male
	5 Height
	*cm 52 OR ft. 1 in. 8
6 *Eye colour Brown	
7 Date of Birth 2018 07 19 YYYY MM DD	8 Place of birth City/Town BUGA
*Country Cameroon	
9 Citizenship(s)	
1) Cameroon	
2)	

Applicant Name DIFFANG, M.	Date of Birth 1988-11-15
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<b>10</b> *a) Relationship to principal applicant Child	b) Other			
<b>11</b> a) Will accompany principal applicant to Canada? <input type="checkbox"/> * No <input checked="" type="checkbox"/> * Yes b) Reason why dependant is non-accompanying	<b>12</b> *Dependant Type Type A Dependant			
<b>13</b> Current country of residence:				
Country	Status	Other	From	To
* Cameroon	* Citizen		YYYY-MM-DD	YYYY-MM-DD
<b>14</b> Date and place of your last entry to Canada ▶		Date YYYY-MM-DD		
<b>15</b> a) Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes b) If you answered "yes" to question 15 a), please provide details		Date		
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD
<b>16</b> *a) Your current marital status Single		b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship ▶ YYYY-MM-DD		
c) Provide the name of your current spouse/common-law partner Family name(s)		Given name(s)		
<b>17</b> a) Have you previously been married or in a common-law relationship? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes b) Provide the following details for your previous spouse/common-law partner:				
Family name(s)		Given name(s)		
c) Type of relationship		d) From YYYY-MM-DD	To YYYY-MM-DD	

**PASSPORT**

<b>1</b> Do you have a valid passport/travel document? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes				
<b>2</b> Passport/Travel document number (exactly as shown on your passport or travel document)	<b>3</b> Country of issue	<b>4</b> Issue date YYYY-MM-DD	<b>5</b> Expiry date YYYY-MM-DD	
<b>5</b> * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>6</b> * For this trip, will you use a National Israeli passport? <input type="checkbox"/> No <input type="checkbox"/> Yes				

**NATIONAL IDENTITY DOCUMENT**

<b>1</b> Do you have a national identity document? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes				
<b>2</b> Document number	<b>3</b> Country of issue	<b>4</b> Issue date YYYY-MM-DD	<b>5</b> Expiry date YYYY-MM-DD	

Applicant Name

DIFFANG, M.

Date of Birth

1988-11-15

**EDUCATION/OCCUPATION DETAIL**

<b>1</b> * Highest level of education None	<b>2</b> * Number of years of education in total 0
<b>3</b> * Current occupation N/A	<b>4</b> * Intended occupation N/A

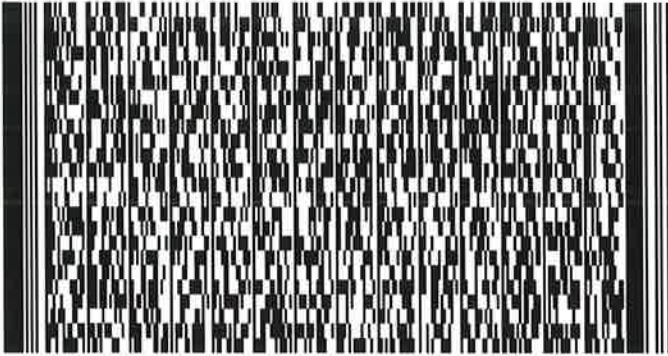
**LANGUAGE DETAIL**

<b>1</b> *a) Native language/Mother Tongue English	*b) Are you able to communicate in English and/or French? English	c) In which language are you most at ease? 
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes		

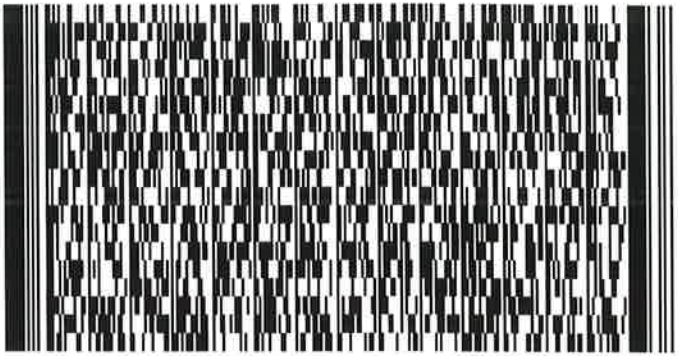
Applicant Name  
DIFFANG, M.

Date of Birth  
1988-11-15

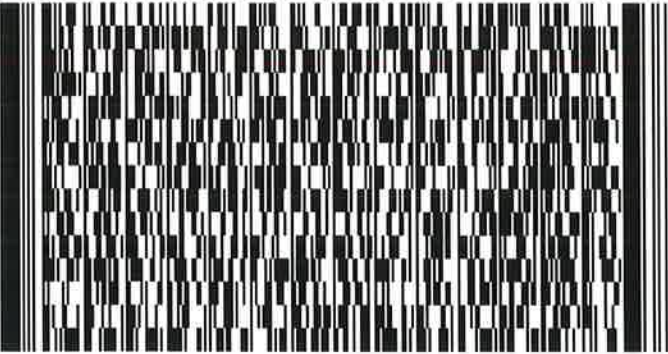
**GENERIC APPLICATION FORM FOR CANADA**



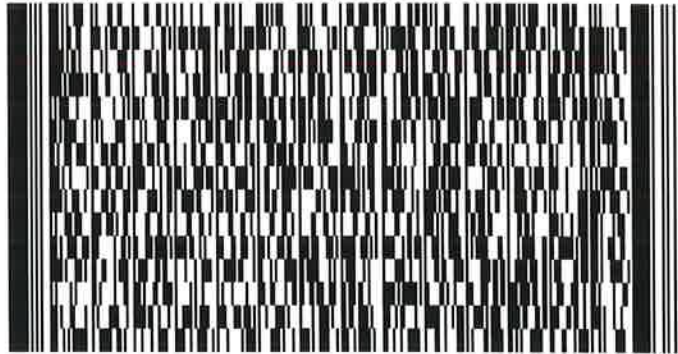
IMM0008\_06-2018\_1



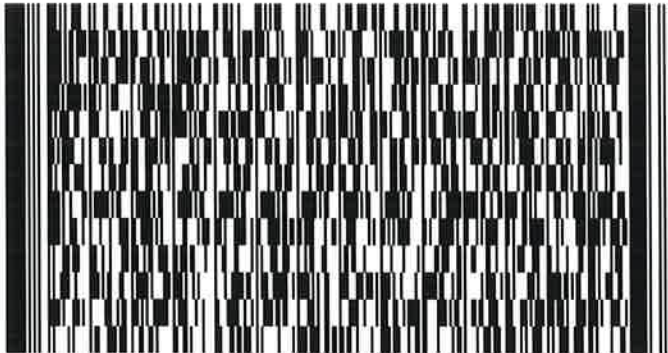
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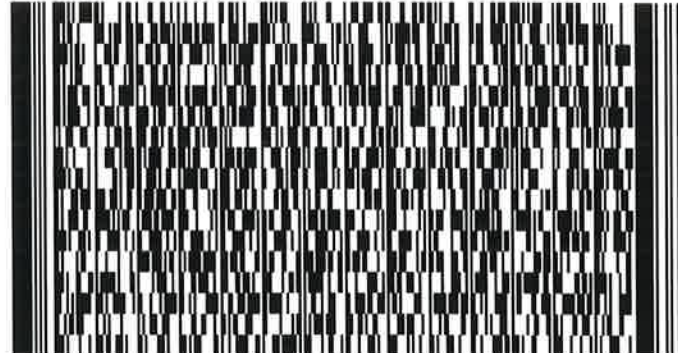
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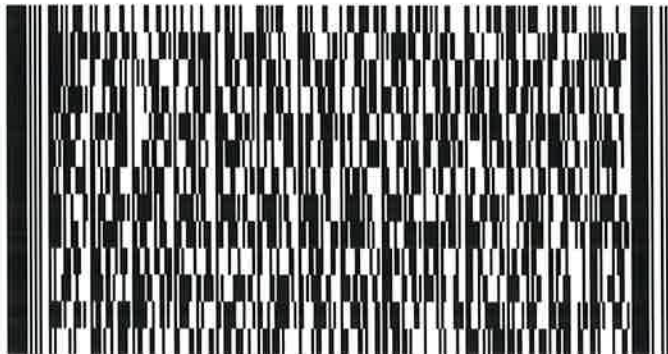
IMM0008\_06-2018\_4



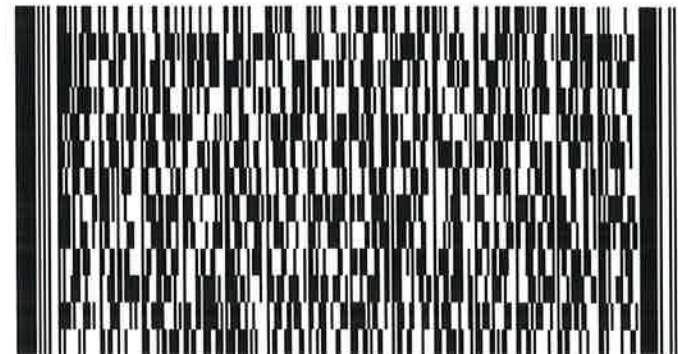
IMM0008\_06-2018\_5



IMM0008\_06-2018\_6



IMM0008\_06-2018\_7



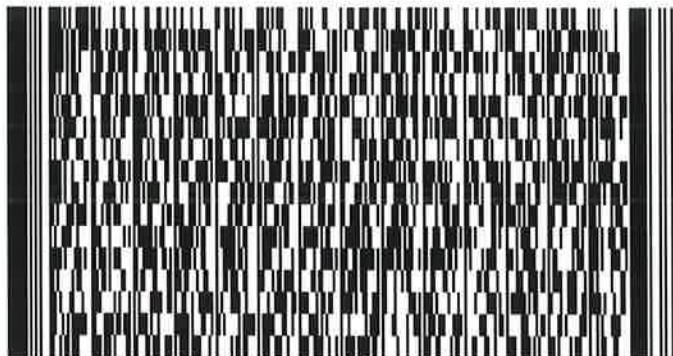
IMM0008\_06-2018\_8

Applicant Name  
DIFFANG, M.

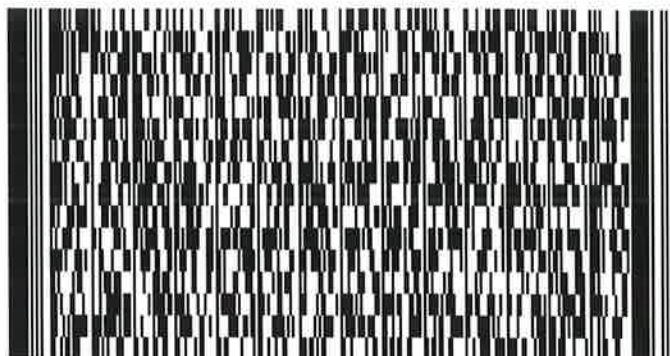
PAGE 13 of 14

Date of Birth  
1988-11-15

## GENERIC APPLICATION FORM FOR CANADA



IMM0008\_06-2018\_9



IMM0008\_06-2018\_10



Applicant Name

DIFFANG, M.

Date of Birth

1988-11-15

**CONSENT AND DECLARATION OF APPLICANT**

Citizenship and Immigration Canada (CIC), or an organization at CIC's request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? ☐ No ☒ Yes

**Consent to release information to intended province/territory of destination**

I, (first name, last name) \_\_\_\_\_ on behalf of myself and all dependants included in this application, authorize Citizenship and Immigration Canada to share the information collected in this application as well as supporting documentation with Provincial and Territorial authorities with responsibility for immigration for the purposes of the *Immigration and Refugee Protection Act*.

**Consent to release information for evaluation purposes**

I agree that the information contained in this application related to my intended occupation, education and work experience may be shared with prospective employers in order to assist them in hiring workers.

☐ No ☒ Yes

This declaration covers the information I have provided on this form and all the information submitted in my application as well as in the attached schedules and accompanying documents.

I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.

I also understand that should I be found to be inadmissible for misrepresentation under section 127 of the *Immigration and Refugee Protection Act*, I may be barred from entering Canada for a period of two years following a final determination of my inadmissibility or, if this determination is made in Canada following my removal from Canada.

I understand that if I wish to work in a regulated occupation, it is my responsibility to obtain information on the licensing requirements from the appropriate regulatory body in Canada and that should I be issued a visa for Canada, I am not guaranteed employment in Canada in my occupation or in any other occupation.

I understand that should I be issued a visa for Canada, conditions may be imposed on me at the time of its issuance and that I will be required to meet them.

I understand all the foregoing statements, having asked for and obtained an explanation on every point that was not clear to me.

I realize that once this document has been completed and signed, it will form part of my Immigration Record and will be used to verify my family details on future applications.

I will immediately inform the visa office where I submitted my application if any of the information or the answers provided in my application forms change.

**Declaration of applicant**

I declare that the information I have given is truthful, complete and correct.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD

**IMPORTANT NOTE:**

**This application must be signed and dated before it is submitted.**

Do not forget to include: photos, fees (if applicable), and any other documents required by the visa office. Review application guide and kit for more information and verify you have completed all of the required documents as per the document checklist.

**DISCLOSURE**

Information provided to CIC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), The Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), The Department of Foreign Affairs, Trade and Development (DFAIT), Employment and Social Development Canada (ESDC), Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and/or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate or prosecute an offence under any law of Canada or a province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to CIC's line of business and services and the Government of Canada's access to information and privacy programs are available at the Infosource website (<http://infosource.gc.ca>) and through the CIC Call Centre. Infosource is also available at public libraries across Canada.





## ADDITIONAL DEPENDANTS / DECLARATION FORM

## PERSONAL DETAILS

<b>1 Full Name</b> Family name(s) (exactly as shown on your passport or travel document) DIFFANG		Given name(s) (exactly as shown on your passport or travel document) OSAKE WAMBA	
<b>2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ?</b> Family name(s)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Given name(s)	
<b>3 UCI</b>	<b>4 Sex</b> M Male	<b>5 Height</b> cm 80 OR ft. in.	<b>6 Eye colour</b> Brown
<b>7 Date of Birth</b> 2016 03 17 YYYY MM DD	<b>8 Place of birth</b> City/Town: BUGA Country: Cameroon, Republic of		
<b>9 Citizenship(s)</b> 1) ► Cameroon, Republic of		2) ►	
<b>10 a) Relationship to principal applicant</b> Adopted Child		<b>b) Other</b>	
<b>11 a) Will accompany principal applicant to Canada?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>b) Reason why dependant is non-accompanying</b>		<b>12 Dependant Type</b> Type A Dependant	
<b>13 Current country of residence:</b>			
Country	Status	Other	From To
Cameroon, Republic of	Citizen		YYYY-MM-DD YYYY-MM-DD
<b>14 Date and place of your last entry to Canada</b> ► YYYY-MM-DD		Place	
<b>15 Previous countries of residence:</b> During the past five years have you lived in any country other than your country of citizenship or your current country of residence (Indicated above) for more than six months? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Country	Status	Other	From To
			YYYY-MM-DD YYYY-MM-DD
			YYYY-MM-DD YYYY-MM-DD
<b>16 a) Your current marital status</b> Single		<b>b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship</b> ► Date YYYY-MM-DD	
<b>c) Provide the name of your current spouse/common-law partner</b> Family name(s)		Given name(s)	

<b>17 Have you previously been married or in a common-law relationship?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Provide the following details for your previous spouse/common-law partner:			
Family name(s)		Given name(s)	
Type of relationship	From YYYY-MM-DD	To YYYY-MM-DD	

**PASSPORT**

<b>1</b> Do you have a valid passport/travel document? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>2</b> Passport/Travel document number (exactly as shown on your passport or travel document)	<b>3</b> Country of issue	<b>4</b> Issue date YYYY-MM-DD	<b>5</b> Expiry date YYYY-MM-DD

**NATIONAL IDENTITY DOCUMENT**

<b>1</b> Do you have a national identity document? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>2</b> Document number	<b>3</b> Country of issue	<b>4</b> Issue date YYYY-MM-DD	<b>5</b> Expiry date YYYY-MM-DD

**EDUCATION/OCCUPATION DETAIL**

<b>1</b> Highest level of education None	<b>2</b> Number of years of education in total 0
<b>3</b> Current occupation N/A	<b>4</b> Intended occupation N/A

**LANGUAGE DETAIL**

<b>1</b> a) Native language English	b) If your native language is not English or French, which one do you use most frequently? English	<b>2</b> Are you able to communicate in English and/or French?
----------------------------------------	-------------------------------------------------------------------------------------------------------	----------------------------------------------------------------

**CONSENT AND DECLARATION OF APPLICANT****Consent to release information to intended province/territory of destination**

I, (first name, last name) \_\_\_\_\_ authorize Citizenship and Immigration Canada to share the information collected in this application as well as supporting documentation with Provincial and Territorial authorities with responsibility for Immigration for the purposes of the *Immigration and Refugee Protection Act*.

I agree that the information contained in this application related to my intended occupation, education and work experience may be shared with prospective employers in order to assist them in hiring workers.

☐ No ☐ Yes

**Consent to release information for Evaluation purposes**

This declaration covers the information I have provided on this form and all the information submitted in my application as well as in the attached schedules and accompanying documents.

I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.

I also understand that should I be found to be inadmissible for misrepresentation under section 127 of the *Immigration and Refugee Protection Act*, I may be barred from entering Canada for a period of two years following a final determination of my inadmissibility or, if this determination is made in Canada following my removal from Canada.

I understand that if I wish to work in a regulated occupation, it is my responsibility to obtain information on the licensing requirements from the appropriate regulatory body in Canada and that should I be issued a visa for Canada, I am not guaranteed employment in Canada in my occupation or in any other occupation.

I understand that should I be issued a visa for Canada, conditions may be imposed on me at the time of its issuance and that I will be required to meet them.

I understand all the foregoing statements, having asked for and obtained an explanation on every point that was not clear to me.

I realize that once this document has been completed and signed, it will form part of my Immigration Record and will be used to verify my family details on future applications.

I will immediately inform the visa office where I submitted my application if any of the information or the answers provided in my application forms change.

**Declaration of applicant**

I declare that the information I have given is truthful, complete and correct.

\_\_\_\_\_  
Signature of Applicant or Parent/Legal Guardian for a person less than 18 years of age.

\_\_\_\_\_  
Date: YYYY-MM-DD

**IMPORTANT NOTE:**

**This application must be signed and dated before it is submitted.**

Do not forget to include: photos, fees (if applicable), and any other documents required by the visa office. Review application guide and kit for more information and verify you have completed all of the required documents as per the document checklist.

"The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada. It will be stored in Personal Information Banks (PPU 042 entitled Immigrant Case File and PPU 009 entitled Refugee Claim in Canada Case File) CIC. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS) and foreign governments in accordance with the subsection 8(2) of the *Privacy Act*. Information may also be disclosed to foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. In accordance with the *Privacy Act* and the *Access to Information Act*, individuals have a right to protection of and access to their personal information. Details on these matters are available at the Infosource website (<http://infosource.gc.ca>) and through the Citizenship and Immigration Canada Call Centre. Infosource is also available at public libraries across Canada."



## SCHEDULE A BACKGROUND / DECLARATION

**FOR CIC USE ONLY**Client ID/UCI/FOSS ID  
11-1050-9376

Before you start completing this form, make enough photocopies for your needs. You can also print all or part of this form from our Web site at [www.cic.gc.ca](http://www.cic.gc.ca).

If there is not enough space to provide all the necessary information, attach to this form a separate sheet of paper with further details. Print your name at the top of each additional sheet and indicate the form's title and the number of the question you are answering.

**BEFORE YOU START, READ THE INSTRUCTION GUIDE**  
**TYPE or PRINT in black ink****Indicate whether you are**☒ The principal applicant ☐ The spouse, common-law partner or dependent child aged 18 years or older of the principal applicant**1. Your full name**Family name  
DIFFANGGiven name(s)  
MOLEKA JONAS**2. Your full name written in your native language or script**

(e.g. Arabic, Cyrillic, Chinese, Korean, Japanese characters or Chinese commercial/telegraphic code)

**3. Your date of birth (YYYY-MM-DD)**

1988-11-15

**4. Personal details of your father**Family name  
MOLEKAGiven name(s)  
BENJAMINDate of birth (YYYY-MM-DD) Town/City of birth  
1964-01-05 KUMBACountry or territory of birth  
CAMEROONDate of death, if deceased (YYYY-MM-DD)  
2018-06-04**5. Personal details of your mother**Family name at birth  
MOLEKAGiven name(s)  
BAKO REBBECADate of birth (YYYY-MM-DD) Town/City of birth  
1954-01-01 KUMBACountry or territory of birth  
CAMEROUN

Date of death, if deceased (YYYY-MM-DD)

**6. Have you, or, if you are the principal applicant, any of your family members listed in your application for permanent residence in Canada, ever:**

YES NO

- a) been convicted of a crime or offence in Canada for which a pardon has not been granted under the *Criminal Records Act of Canada*? ☐ YES ☒ NO
- b) been convicted of, or are you currently charged with, on trial for, or party to a crime or offence, or subject of any criminal proceedings in any other country or territory? ☐ YES ☒ NO
- c) made previous claims for refugee protection in Canada or at a Canadian visa office abroad, in any other country(ies) or territory(ies), or with the United Nations High Commissioner for Refugees (UNHCR)? ☐ YES ☒ NO
- d) been refused refugee status, an immigrant or permanent resident visa (including a *Certificat de sélection du Québec* (CSQ) or application to the Provincial Nominee Program) or visitor or temporary resident visa, to Canada or any other country or territory? ☐ YES ☒ NO
- e) been refused admission to, or ordered to leave, Canada or any other country or territory? ☐ YES ☒ NO
- f) been involved in an act of genocide, a war crime or in the commission of a crime against humanity? ☐ YES ☒ NO
- g) used, planned or advocated the use of armed struggle or violence to reach political, religious or social objectives? ☐ YES ☒ NO
- h) been associated with a group that used, uses, advocated or advocates the use of armed struggle or violence to reach political, religious or social objectives? ☐ YES ☒ NO
- i) been member of an organization that is or was engaged in an activity that is part of a pattern of criminal activity? ☐ YES ☒ NO
- j) been detained, incarcerated or put in jail? ☒ YES ☐ NO
- k) had any serious disease or physical or mental disorder? ☒ YES ☐ NO

If your answer to any of these questions is YES, provide details below.

j) I WAS ARRESTED ON JUNE 12 2017 UNTIL JUNE 26 2017 AND SEPTEMBER 4 2017 UNTIL SEPTEMBER 9 2017 BY THE CAMEROON POLICE

k) I HAVE BEEN DIAGNOSED WITH PTSD

**7. Education**

Give the number of years of school you successfully completed for each of the following levels of education.

7	Elementary/ primary school	7	Secondary/ high school	5	University/ college	0	Trade school or other post secondary school
---	-------------------------------	---	---------------------------	---	------------------------	---	------------------------------------------------

Give full details of all the secondary and post secondary education (including university, college and apprenticeship training) you have had.

From (YYYY-MM)	To (YYYY-MM)	Name of institution	City and country or territory	Type of certificate or diploma issued	Field of study
2011-09	2016-06	ST MONICA UNIVERSITY	BUEA, CAMEROUM	DEGREE	BACHELOR
2002-09	2019-06	PRESBETERIAN HIGH SCHOOL	KUMBA, CAMEROUM	CERTIFICATE	HIGH SCHOOL
		KUMBA			

**8. Personal history**

Provide the details of your personal history since the age of 18, or the past 10 years, whichever is most recent.

Start with the most recent information. Under "Activity", write your occupation or job title if you were working. If you were not working, provide information on what you were doing (for example: unemployed, studying, travelling, retired, in detention, etc.). If you were outside your country or territory of nationality, indicate your status in that country or territory.

**Note:** Please ensure that you do not leave any gaps in time.



Failure to account for all time periods will result in a delay in the processing of your application.

From (YYYY-MM)	To (YYYY-MM)	Activity	City or town and country or territory	Status in country or territory	Name of company, employer, school, facility, as applicable
2021-01	PRESENT	PSW	TORONTO, ON CA	FAILED REF.	TLC ALERT NURSING/HOME CARE
2019-12	2020-12	PSW	TORONTO, ON CA	FAILED REF.	RIGHT AT HOME
2019-12	2020-12	PSW	VAUGHAN, ON CA	FAILED REF.	QUALICARE VAUGHAN
2019-10	2019-12	COMPANIONSHIP WORKER	CALGARY, AB CA	REFUGEE CLAIM	OPTIONAL REHABILITATION
2018-09	2019-12	SECURITY GUARD	CALGARY, AB CA	REFUGEE CLAIM	SECURITAS

**9. Membership of association with organizations**

What organizations have you supported, been a member of or been associated with? Include any political, social, youth or student organization, trade unions and professional associations. Do not use abbreviations. Indicate the city and country or territory where you were a member.

Write "NONE" in the box if you have not been a member of any association/organization.

From (YYYY-MM)	To (YYYY-MM)	Name of organization	Type of organization	Activities and/or positions held within organization	City and country or territory
		"NONE"			

**10. Government positions**

List any government positions (such as civil servant, judge, police officer, employee in a security organization) you have held. Include positions you have held before or after your retirement. Do not use abbreviations. Write "NONE" in the box if you have not held any government positions.

From (YYYY-MM)	To (YYYY-MM)	Country or territory and level of jurisdiction(e.g. national, regional, municipal)	Department/Branch	Activities and/or positions held
		"NONE"		

**7. Personal History:**

<b>From</b>	<b>To</b>	<b>Activity</b>	<b>City/town and country</b>	<b>Status in</b>	<b>Name of company</b>
2018-05	2018-09	Chef	Montreal, QC CA	Refugee claimant	Restaurant William Grey
2018-05	2018-05	Chef	Montreal, QC CA	Refugee claimant	La Belle Province Restaurant
2018-04	2018-05	Chef	Montreal, QC CA	Refugee claimant	McDonald's
2018-03	2018-04	Unemployed	Montreal, QC CA	Refugee claimant	N/A
2017-11	2018-03	Unemployed	Miami, Florida, USA	Visitor	N/A
2017-10	2017-10	Unemployed	Lagos, Nigeria	Visitor	N/A
2016-02	2017-10	Founder and VP	Buea, Cameroun	Citizen	Revival Power Foundation
2014-10	2017-10	Tutor/lecturer	Buea, Cameroun	Citizen	FOMIC Polytechnic University
2011-01	2016-06	Student	Buea	Citizen	



**11. Military and/or paramilitary service**

Provide below complete details of military and/or paramilitary service for each of the countries in whose armed forces you served. Write "NONE" in the box if you have not undertaken military and/or paramilitary service. Do not leave any gaps in time.

Name of country or territory "NONE"

From (YYYY-MM)	To (YYYY-MM)	Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and places of any active combat	Reason for end of service
		"NONE"			

Name of country or territory "NONE"

From (YYYY-MM)	To (YYYY-MM)	Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and places of any active combat	Reason for end of service
		"NONE"			

**12. Addresses**

List all addresses where you have lived since your 18th birthday or the past 10 years, whichever is most recent. Do not use P.O. box addresses.

From (YYYY-MM)	To (YYYY-MM)	Street and number	City or town	Province, State or District	Postal code/ Zip code	Country or territory
2019-12	PRESENT	4 WHITEVILLE COURT	STOUFFVILLE	ONTARIO	L4A4M6	CANADA
2018-09	2019-12	5973 SADDLEHORN DRIVE NE	CALGARY	ALBERTA	T3J4M2	CANADA
2018-03	2018-09	8855 SOULIGNY AVENUE	MONTREAL	QUEBEC	H1L2T4	CANADA
2017-11	2018-03	UNKNOWN	DAYTONA BEACH	FLORIDA	32117	USA
2017-10	2017-11	10 ESUOLA STREET, OKOTA	LAGOS	LAGOS	---	NIGERIA
2011-06	2017-10	BIAKA STREET	BUEA	BUEA	---	CAMEROON
2007-01	2011-06	SOUTHWEST REGION	KUMBA	KUMBA	---	CAMEROON

**Authority to disclose personal information**

By submitting this form, you consent to the release to Canadian government authorities of all records and information any government authority, including police, judicial and state authorities in all countries in which you have lived may possess on your behalf concerning any investigations, arrests, charges, trials, convictions and sentences. This information will be used to assist in evaluating your suitability for admission to Canada or remaining in Canada pursuant to Canadian legislation.

**Declaration of applicant**

I declare that the information I have given is truthful, complete and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

**DO NOT COMPLETE THE FOLLOWING SECTION NOW. YOU MAY BE ASKED TO SIGN IN THE PRESENCE OF A REPRESENTATIVE OF THE CANADIAN GOVERNMENT OR AN OFFICIAL APPOINTED BY THE CANADIAN GOVERNMENT.**

**Interpreter declaration**

I, \_\_\_\_\_, do solemnly declare that I have faithfully and accurately interpreted in the \_\_\_\_\_ language the content of this application and any related forms to the person concerned.

I have been informed by the person concerned, and I do verily believe, that they completely understands the nature and effect of these forms, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as is made under oath.

\_\_\_\_\_  
Signature of interpreter

**Solemn declaration**

I, \_\_\_\_\_, do solemnly declare that the information I have given in the foregoing application is truthful, complete and correct, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

\_\_\_\_\_  
Signature of applicant

Declared before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_

\_\_\_\_\_  
Canadian government official Name (Please print or type)

\_\_\_\_\_  
Signature

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used for the purpose of assessing your application for permanent residence. It will be stored in Personal Information Banks (PPU 039 entitled Overseas Immigration Case File and PPU 042 entitled Immigrant Case File). For refugee claimants, this information will be used for the purpose of assessing your admissibility to Canada and eligibility to make a refugee claim according to the requirements of the Act. This information will be retained in the Personal Information Bank CIC PPU 009 entitled Refugee Claim in Canada. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the provisions of the *Privacy Act* and the *Access to Information Act*, individuals have the right to protection of and access to their personal information. Details on these matters are available at the Infosource website (<http://infosource.gc.ca>) and are also available at public libraries across Canada.

**ADDITIONAL FAMILY INFORMATION**

The principal applicant, their spouse or common-law partner (if applicable), and all dependent children 18 years of age or older must complete their own copy of this form. Complete ALL names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). If additional space is required attach a separate sheet. If a section does not apply, write "Not applicable".

**BEFORE YOU START, READ THE INSTRUCTION GUIDE. TYPE or PRINT in black ink.**

**SECTION A**

Name	Relationship	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country or territory and date)
MOLEKA JONAS DIFFANG	Applicant	1988-11-15	4 WHITEVILLE COURT, STOUFFVILLE, ONTARIO L4A4M6
Marital status: Married-physically present		Country or territory of birth: CAMEROON	E-mail address: jonasmoleka@yahoo.com
WENDJI AUDE MBEH	Spouse, common-law partner or conjugal partner	1996-02-19	MALINGO STREET, BUEA, CAMEROUN
Marital status: Married-physically present		Country or territory of birth: CAMEROON	E-mail address: wendji.aude28@gmail.com
BAKO REBBECA MOLEKA	Mother	1954-01-01	SOUTHWEST REGION, CAMEROON
Marital status: Widowed		Country or territory of birth: CAMEROON	E-mail address: N/A
BENJAMIN MOLEKA	Father	1964-01-05	DECEASED 2018-06-04
Marital status: Not applicable-deceased		Country or territory of birth: CAMEROON	E-mail address: N/A

**SECTION B CHILDREN (Include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)**

Name	Relationship	Date of birth (YYYY-MM-DD)	Present address and e-mail address (if deceased: give city/town, country or territory and date)
EMELY-FAVOUR TABI DIFFANG	DAUGHTER	2016-01-19	MALINGO STREET, BUEA, CAMEROON
Marital status: Single		Country or territory of birth: CAMEROON	E-mail address: N/A
FERVANT TANSAN DIFFANG	SON	2017-03-27	MALINGO STREET, BUEA, CAMEROON
Marital status: Single		Country or territory of birth: CAMEROON	E-mail address: N/A
NATHAN MOLEKA DIFFANG	SON	2018-07-19	MALINGO STREET, BUEA, CAMEROON
Marital status: Single		Country or territory of birth: CAMEROON	E-mail address: N/A
ETHAN POUMENIE DIFFANG	SON	2018-07-19	MALINGO STREET, BUEA, CAMEROON
Marital status: Single		Country or territory of birth: CAMEROON	E-mail address: N/A

**SECTION C BROTHERS AND SISTERS (Including half - and step-brothers and sisters)**

Name	Relationship	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country or territory and date)
HELLEN ENOW MOLEKA	SISTER	1982-06-15	SOUTHWEST REGION, CAMEROON
Marital status: Single		Country or territory of birth: CAMEROON	E-mail address: N/A
FRIDA MOTAKA NGOBI	SISTER	1980-08-28	UNKNOWN, BUEA, CAMEROON
Marital status: Married		Country or territory of birth: CAMEROON	E-mail address: N/A
HARTMUT NAKELI MOLEKA	BROTHER	1989-01-01	DECEASED JUNE 4 2018
Marital status: Not applicable-deceased		Country or territory of birth: CAMEROON	E-mail address: N/A

**SECTION D CERTIFICATION**

I certify that the information contained on this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.

Signature: \_\_\_\_\_ Date (YYYY-MM-DD) \_\_\_\_\_



## ADDITIONAL FAMILY INFORMATION

The principal applicant, their spouse or common-law partner (if applicable), and all dependent children 18 years of age or older must complete their own copy of this form. Complete ALL names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). If additional space is required attach a separate sheet. If a section does not apply, write "Not applicable".

BEFORE YOU START, READ THE INSTRUCTION GUIDE. TYPE or PRINT in black ink.

### SECTION A

Name	Relationship	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country or territory and date)
Marital status:	Applicant	Country or territory of birth:	E-mail address:
Marital status:	Spouse, common-law partner or conjugal partner	Country or territory of birth:	E-mail address:
Marital status:	Mother	Country or territory of birth:	E-mail address:
Marital status:	Father	Country or territory of birth:	E-mail address:

### SECTION B CHILDREN (Include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)

Name	Relationship	Date of birth (YYYY-MM-DD)	Present address and e-mail address (if deceased: give city/town, country or territory and date)
OSAKE WAMBA DIFFANG	ADOPTED- SON	2016-03-17	MALINGO STREET, BUEA, CAMEROON
Marital status: Single		Country or territory of birth: CAMEROON	E-mail address: N/A
Marital status:		Country or territory of birth:	E-mail address:
Marital status:		Country or territory of birth:	E-mail address:
Marital status:		Country or territory of birth:	E-mail address:

### SECTION C BROTHERS AND SISTERS (Including half - and step-brothers and sisters)

Name	Relationship	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country or territory and date)
Marital status:		Country or territory of birth:	E-mail address:
Marital status:		Country or territory of birth:	E-mail address:
Marital status:		Country or territory of birth:	E-mail address:

### SECTION D CERTIFICATION

I certify that the information contained on this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.

Signature: \_\_\_\_\_ Date (YYYY-MM-DD) \_\_\_\_\_

Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the *Immigration and Refugee Protection Act* (IRPA). The personal information will be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions for the purpose of validating information and eligibility. The personal information may also be disclosed to law enforcement bodies for the purpose of validating identity, eligibility and admissibility. The personal information may also be disclosed to provincial/territorial governments and foreign governments for the purpose of validating eligibility and admissibility.

Personal information may also be used for other purposes including research, statistics, program and policy evaluation, internal audit, compliance, program integrity, risk management, subsequent program eligibility, strategy development and reporting.

Failure to complete the form in full may result in a delay or the application not being processed. The *Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the Office of Privacy Commissioner of Canada. The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 009, 013, 042, 054.



## SCHEDULE 1

### Health-care Workers Permanent Residence Pathway (COVID-19 pandemic)

This form must be completed by:

- you, the principal applicant.

**Warning:**

You must provide truthful and accurate information. The information provided may be verified. Enforcement action may be initiated if you give false or misleading information.

\*For details and definitions, see the guide IMM 1016.

#### SECTION A - REQUIREMENTS OF THE TEMPORARY PUBLIC POLICY FOR REFUGEE CLAIMANTS WORKING IN CANADA'S HEALTH CARE SECTOR PROVIDING DIRECT PATIENT CARE DURING THE COVID-19 PANDEMIC

1. Have you made a claim for refugee protection in Canada before March 13, 2020, and have continued to reside in Canada?

☒ Yes

☐ No ► You are not eligible for the temporary public policy

2. Is your claim still pending a decision?

☒ Yes

☐ No

3. Was your claim rejected for any of the following reasons:

If yes, please check the appropriate box ► You are not eligible for the temporary public policy

☐ determined to be ineligible to be referred to the Immigration and Refugee Board;

☐ determined to be withdrawn or determined to be abandoned;

☐ determined to be manifestly unfounded (MUC) or with no credible basis (NCB);

☐ determined to be excluded under Article 1F of the Refugee Convention; or

☐ determined that refugee protection has been ceased or vacated.

☒ No

4. Were you authorized to work in Canada by virtue of a work permit or work permit exemption? If you had authorization that became invalid when your removal order became enforceable, select yes.

☒ Yes

☐ No ► You are not eligible for the temporary public policy

5. Do you or your family members have any inadmissibilities:

☐ Yes ► If yes, what is the inadmissibility? \_\_\_\_\_

☒ No

6. Were you working in one or more designated occupations within hospitals, long-term care homes, or assisted living homes, whether public or private, or are employed by agencies/ organizations and working in private homes providing direct patient care, during the COVID-19 pandemic?

☒ Yes

☐ No

7. Where do you intend to reside?

**Province of Québec**

☐ \* The Ministère de l'Immigration, de la Francisation et de l'Intégration du Québec (MIFI) will validate that you were working in a designated occupation if you are intending to reside in Québec.

► Skip questions 8 and 9

**Any other Canadian province or territory**

☒ \* IRCC will validate that you were working in a designated occupation if you are intending to reside in a province or territory other than Québec.

► Fill out all the sections below



**For applicants intending to reside in a province or territory other than Quebec**

8. Did you work in one or more designated occupations (Annex A of the Public Policy) in Canada, for a minimum of 120 hours (equivalent to 4 weeks full-time) between March 13, 2020 and August 14, 2020?

- ☒ Yes  
☐ No

9. Did you complete 6 months of full-time (30 hours per week) or 750 hours (if working part-time) of work in Canada, in one or more designated occupations?

- ☐ Yes  
☐ No

► If your occupation qualifies, you will need to complete the 6 months or 750 hours requirement by August 31, 2021. You can apply now and send the supporting documents related to work experience at a later date. The deadline to submit documents is October 31, 2021. Applicants who complete their work experience prior to August 31, 2021, are expected to submit evidence within 60 days of completion.

**Note:** If you were unable to meet the 120 hours or the 6-month experience requirement because you contracted COVID-19, please provide supporting documentation.

If you were unable to meet the 6 month experience requirement due to illness/disability, maternity/parental leave, quarantine or isolation requirements due to COVID-19, caring for family who contracted COVID-19 or lack of child care due to COVID-19, please provide supporting documentation. Periods of work in a designated occupation must be paid unless the applicant was doing an internship that is considered an essential part of a post secondary study program or vocational training program in one of the designated occupations, or an internship performed as part of a professional order requirement in one of the designated occupations.

Periods of work in a designated occupation must be paid unless the applicant was doing an internship that is considered an essential part of a post secondary study program or vocational training program in one of the designated occupations, or an internship performed as part of a professional order requirement in one of the designated occupations.

**SECTION B - REQUIREMENTS OF THE TEMPORARY PUBLIC POLICY FOR SPOUSES OR COMMON-LAW PARTNERS OF REFUGEE CLAIMANTS, WORKING IN CANADA'S HEALTH CARE SECTOR DURING THE COVID-19 PANDEMIC, WHO CONTRACTED COVID-19 AND PASSED AWAY**

1. Were you residing in Canada prior to August 14, 2020?

- ☐ Yes  
☐ No ► **You are not eligible for the temporary public policy**

2. Where do you intend to reside?

- ☐ Province of Québec  
☐ Any other Canadian province or territory

3. Were you the spouse or common-law partner of a refugee claimant in Canada who contracted COVID-19 and passed away before applying for permanent residence, or before being granted permanent residence?

- ☐ Yes  
☐ No ► **You are not eligible for the temporary public policy**

4. Would your spouse or common-law partner have been able to answer yes to the questions 1 and 4 in section A (*Requirements of the temporary public policy for refugee claimants working in Canada's health care sector providing direct patient care during the COVID-19 pandemic*) above?

- ☐ Yes  
☐ No ► **You are not eligible for the temporary public policy**

5. Would both you and your spouse or common-law partner have been able to answer no to the question 3 in section A above?

- ☐ Yes  
☐ No ► **You are not eligible for the temporary public policy**

6. Do you or your family members have any inadmissibilities:

- ☐ Yes ► If yes, what is the inadmissibility? \_\_\_\_\_  
☐ No

7. Would your spouse or common-law partner have been able to answer yes to the question 6 in section A above?

- ☐ Yes  
☐ No ► **You are not eligible for the temporary public policy**

**For applicants intending to reside in a province or territory other than Quebec**

8. Did your spouse or common-law partner work in one or more designated occupations between March 13, 2020 and August 14, 2020? Please refer to the Annex A of the temporary public policy.

- ☐ Yes  
☐ No ► **You are not eligible for the temporary public policy**

Those intending to reside in Quebec are only required to complete sections C and F below

**SECTION C - APPLICANT INFO**

a) Family name(s) (as shown on your passport) DIFFANG	b) Given name(s) (as shown on your passport) MOLEKA JONAS	c) Passport number 0293201	d) Date of birth (YYYY-MM-DD) 1988-11-15
e) Country or Territory of birth (as shown on your passport) CAMEROUN	f) Citizenship (as shown on your passport) CAMEROUN	g) Country of Residence CANADA	h) Telephone number Extension 514-559-5554
i) Email address jonasmoleka@yahoo.com			j) Marital status MARRIED
k) Applicant address:			
Street and Number 4 WHITEVILLE COURT		City STOUFFVILLE	
Province/Territory ONTARIO	Country CANADA	Postal Code L4A4M6	

**SECTION D - WORK EXPERIENCE OF THE HEALTH-CARE WORKER**

a) Name of the health-care worker MOLEKA JONAS DIFFANG			b) Unique client identifier (UCI) 11-1050-9376	
Starting with your current occupation, list your occupations within the preceding 3 years and provide proof. For each occupation, identify the dates of employment, name and location of employer, your job title, the appropriate four-digit NOC code, a description of your main duties, and an employment reference contact.				
<b>Notes:</b> Periods of paid or unpaid sick leave may be counted when assessing the 120 hours or the 6-month experience requirement if the applicant contracted COVID-19. Periods of paid or unpaid leave due to illness/disability, maternity/parental leave, quarantine or isolation requirements due to COVID-19, caring for family who contracted COVID-19 or lack of child care due to COVID-19 may be counted when assessing the 6 month experience requirement.				
Periods of work in a designated occupation must be paid unless the applicant was doing an internship that is considered an essential part of a post secondary study program or vocational training program leading to employment in a designated occupation.				
<b>Work experience: 1</b>	c) Duration: From (YYYY-MM-DD) To (YYYY-MM-DD) 2020-01-15 2020-12-??	d) Employer Name QUALICARE VAUGHAN		
e) Address: Street and Number 203 - 7787 YONGE STREET		City/town THORNHILL		
Province/Territory ONTARIO	Country CANADA	Postal Code L3T 7L2	Telephone number 289-588-1858	
f) Job Title PERSONAL SUPPORT WORKER		g) National Occupation Classification (NOC) code 3413		
h) Main duties performed PATIENCE MONITORING, PERSONAL CARE, MEAL PREPARATION, ASSISTNCE WITH TRANSFER AND MOBILITY AND RE-POSITIRING.				
i) Details for periods of leave or unpaid work				
<b>Work experience: 2</b>	c) Duration: From (YYYY-MM-DD) To (YYYY-MM-DD) 2019-12-01	d) Employer Name RIGHT AT HOME		
e) Address: Street and Number		City/town		
Province/Territory ONTARIO	Country CANADA	Postal Code	Telephone number	
f) Job Title PERSONAL SUPPORT WORKER		g) National Occupation Classification (NOC) code		
h) Main duties performed				
i) Details for periods of leave or unpaid work				

<b>Work experience: 3</b>	c) Duration: From (YYYY-MM-DD) To (YYYY-MM-DD) 2021-01-?? 2021-03-04		d) Employer Name TLC ALERT NURSING AND HOME CARE	
e) Address: Street and Number			City/town	
Province/Territory ONTARIO		Country CANADA	Postal Code	Telephone number
f) Job Title PERSONAL SUPPORT WORKER			g) National Occupation Classification (NOC) code	
h) Main duties performed				
i) Details for periods of leave or unpaid work				

**SECTION E - INTERNSHIP**

a) School/educational institution where the program was delivered (Name, street and number, city/town, Province/Territory, Country, Postal Code)/Professional order			
Name		Street and Number	
City/town	Province/Territory	Country	Postal Code
b) Name of the health care program			c) Duration: From (YYYY-MM-DD) To (YYYY-MM-DD)

**SECTION F - DECLARATION**

I declare that the information I have given is truthful, complete and correct	
Signature of applicant	Date (YYYY-MM-DD)

This form is made available by Immigration, Refugees and Citizenship Canada and is not to be sold to applicants.

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**Privacy Statement**

Information provided to IRCC is collected under the authority of the *Immigration and Refugee Protection Act* (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), The Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), The Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the *Privacy Act*. Information may be disclosed to foreign governments, law enforcement bodies, and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or their family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's *Privacy Act*. The collection, use, disclosure and retention of your personal information is further described in the Standard Personal Information Bank PSU 090 entitled CIC PPU 042, Permanent Economic Residents. Individuals also have the right to protection and access to their personal information stored in each corresponding PIB under the *Access to Information Act*. Further details on the PIBs pertaining to IRCC's line of business and services and the Government of Canada's access to information and privacy programs are available at the Infosource website (<https://www.canada.ca/en/immigration-refugees-citizenship/corporate/transparency/access-information-privacy/info-source/sources-information.html>) and through the IRCC Call Centre. Infosource is also available at public libraries across Canada. If you are not satisfied with the manner in which IRCC handled your personal information, you may exercise your right to file a complaint with the Office of the Privacy Commissioner of Canada.