

Citoyenneté et Immigration Canada

PROTECTED WHEN COMPLETED - B

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SCHEDULE A BACKGROUND / DECLARATION

FOR CIC USE	ONLY
Client ID/UCI/FOSS ID	

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.

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 DA SILVA MENEZES JUN	IOR	Given name(s) MANOEL MESSIAS					
	your native language or script se, Korean, Japanese characters or Chinese comm			3. Your date of birth (YYYY-MM-DD)			
MANOEL MESSIAS DA SI	•	rer clair (elegraphiic code)		1980-05-22			
4. Personal details of your f	ather						
Pamily name DA SILVA MENEZES		Given name(s) MANOEL MESSIAS					
Date of birth (YYYY-MM-DD) 1951-09-09	Town/City of birth Aracaju-SE	Country of birth Brazil	Date of	death, if deceased (YYYY-MM-DD)			
Personal details of your n	nother						
Family name at birth GUIMARAES MENEZES		Given name(s) TEREZINHA MARIA					
Date of birth (YYYY-MM-DD) 1952-02-23	Town/City of birth Aracaju-SE	Country of birth Brazil	Date of	death, if deceased (YYYY-MM-DD)			
6. Have you or if you are the	e principal applicant, any of your family member	re listed in your application for permanent regions	donce in C	Conada ever			
	principal applicant, any or your landly medical	o noted in your application for permanent react	ionice in c	,			
-> b				YES NO			
	me or offence in Canada for which a pardon has not						
country?	e you currently charged with, on trial for, or party to		_	· L			
c) made previous claims fo Nations High Commission	or refugee protection in Canada or at a Canadian vis oner for Refugees (UNHCR)?	sa office abroad, in any other country or countries,	or with the	United			
	d) been refused refugee status, an immigrant or permanent resident visa (including a Certificat de sélection du Québec (CSQ) or application to the Provincial Nomínee Program) or visitor or temporary resident visa, to Canada or any other country?						
e) been refused admission	to, or ordered to leave, Canada or any other country	ry?					
	of genocide, a war crime or in the commission of a c	,					
g) used, planned or advoca	ated the use of armed struggle or violence to reach	political, religious or social objectives?					
h) been associated with a g objectives?	group that used, uses, advocated or advocates the	use of armed struggle or violence to reach political	, religious	or social			
i) been member of an orga	nization that is or was engaged in an activity that is	part of a pattern of criminal activity?					
j) been detained, incarcera	•						
k) had any serious disease	or physical or mental disorder?						
If your answer to any of the	ese questions is YES, provide details below.						



	mber of year	s of school you succe	ssfully completed for each of the f	ollowing le	evels of education.			
9	Elementary primary sci	nool ³ hig	condary/ in school 4 University College	e	post se	school or other condary school		
on a section	o de la companya de		secondary education (including u	niversity, a	van en eeu en en en ee	Type	ave had. of certificate or	
	Y-MM)	To (YYYY-MM)	Name of institution		City and coun		beuesi smol	Field of study
200	5-01	2008-01	UNIV FEDERAL PERNAMI	3UCO	Refice-PE/Br	azil	Master	Computer Scien
200	0-01	2004-12	UNIVER FEDERAL SER	SIPE	Aracaju-SE/Bi	razil 1	Bachelor	Computer Scier
rt with t examp	e details of you he most receile: unemploy	ent information. Under red, studying, travelling	nce the age of 18, or the past 10 y "Activity", write your occupation og, retired, in detention, etc.). If you	r iob title i	f vou were working. If	you were not work!	ng, provide informe our status in that o	ition on what you were ountry.
		hat you do not leave ount for all time period	any gaps in time. Is will result in a delay in the proce	essing of y	City or town	Status in countr		company, employer,
<u> </u>	Y-MM) 0610	(YYYY-MM) 2016-10	Systems Analist	7,500	and country aju-SE/Brazil	Citizen	SERIOON:	facility, as applicable PETROBRAS
		·						
nat organ	nizations hav	e abbreviations, Indica	n a member of or been associated ate the city and country where you	were a m	iember.	ial, youth or student	organization, trade	e unions and profession
nat organ sociation ite "NOt	nizations hav	e you supported, beer e abbreviations. Indica	n a member of or been associated	were a manization.	iember.	ar. Activities	organization, tradi	e unions and profession City and countr
nat organ sociation ite "NOI F	nizations hav is. Do not us IE" in the bo	e you supported, beer e abbreviations. Indica x if you have not been	n a member of or been associated ate the city and country where you a member of any association/org	were a manization.	ember,	ar. Activities	and/or positions	
nat organ sociation ite "NOI F	nizations haves. Do not us NE" in the bo	e you supported, beer e abbreviations. Indica x if you have not been	n a member of or been associated ate the city and country where you a member of any association/org	were a manization.	ember,	ar. Activities	and/or positions	
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NONE

lame of country NON	E					
From (YYYY-MM)	To (YYYY-MM)	Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and p of any active		service
NONE						
						<u>,</u>
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						<u>.</u>
						-
Name of country NO	VF.					
100						
From (YYYY-MM)	To (YYYY-MIM)	Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and p of any active		eason for end service
NONE						
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					<u>. </u>	
		46	naver is most recent. Do	not use P.O. box addi	esses.	
Addresses	re you have lived since	e your 18th birthday or the past 10 years, which	IGACL IS LUCUL LOCALITY DE			
	To (YYYY-MM)	e your 18th birthday or the past 10 years, which	City or town	Province, State or District	Postal code/ Zip code	Countr
List all addresses whe	To			Province, State or	Postal code/ Zip code 49048010	Brazi
From (YYYY-MM)	(YYYY-MM)	Street and number	City or town	Province, State or District	Postal code/ Zip code	Brazi
From (YYYY-MM) 2013-01	To (YYYY-MM) 2016~10	Street and number Av Adelia Franco 2288	City or town Aracju	Province, State or District SE	Postal code/ Zip code 49048010	Brazi
From (YYYY-MM) 2013-01	To (YYYY-MM) 2016~10	Street and number Av Adelia Franco 2288	City or town Aracju	Province, State or District SE	Postal code/ Zip code 49048010	Gountry Brazi Brazi
From (YYYY-MM) 2013-01	To (YYYY-MM) 2016~10	Street and number Av Adelia Franco 2288	City or town Aracju	Province, State or District SE	Postal code/ Zip code 49048010	Brazi
From (YYYY-MM) 2013-01	To (YYYY-MM) 2016~10	Street and number Av Adelia Franco 2288	City or town Aracju	Province, State or District SE	Postal code/ Zip code 49048010	Brazi

11. Military and/or paramilitary service

Authority to disclose personal information

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

Declaration of applicant

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.

Mansel Messian da Gilm Meneza Junio	_		Date (YYYY-MM-DD)		
DO NOT COMPLETE THE FOLLOWING SECTION NOW. YOU MAY BE ASKED TO SIGN IN GOVERNMENT OR AN OFFICIAL APPOINTED BY THE CANADIAN GOVERNMENT.	N THE P	RESENCE OF A REPRESE	NTATIVE OF THE CANADIAN		
Interpreter declaration					
l,		do solemnly declare that I ha	we 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 he or she 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 interpre	eter				
Solemn declaration					
l,		, do solemnly declare that ti	ne 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	d	ay of	of the year		
Canadian government official Name (Please print or type)		Sigr	nature		

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.