



FAMILY INFORMATION

Type of application: ☒ Visitor ☐ Worker ☐ Student ☐ Other

Complete ALL names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). Include ALL family members even if they are not accompanying you. If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

BEFORE YOU START, READ THE INSTRUCTION GUIDE, TYPE OR PRINT IN BLACK INK.

SECTION A

Full name	Relationship SEE NOTE 1	Date of birth	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Y M D Country of birth		Present occupation	
ABHINAV SINGHAL	APPLICANT	1981 10 28 INDIA	SINGLE	255 WARREN STREET APT 1101, JERSEY CITY, NJ .07302, USA SENIOR SOFTWARE ENGINEER	<input type="checkbox"/> <input type="checkbox"/>
	SPOUSE OR COMMON-LAW PARTNER				<input type="checkbox"/> <input type="checkbox"/>
ANJU SINGHAL	MOTHER	1960 08 25 INDIA	MARRIED	206 BLOCK A, SHANTI ENCLAVE, WALMI ROAD, CHUNA BHATTI, BHOPAL, MP 462016 INDIA HOUSE WIFE	<input type="checkbox"/> <input checked="" type="checkbox"/>
RAGHVENDRA PRASAD SINGHAL	FATHER	1951 01 01 INDIA	MARRIED	206 BLOCK A, SHANTI ENCLAVE, WLAMI ROAD, CHUNA BHATTI, BHOPAL, MP, 462016, INDIA RETIRED	<input type="checkbox"/> <input checked="" type="checkbox"/>

NOTE 1: If no spouse or common-law partner is listed in Section A, read and sign below.

I certify that I do not have a spouse or a common-law partner. ►

Signature: Singhal

Date:

Year Month Day
2015 05 06

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

Full name	Relationship SEE NOTE 2	Date of birth	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Y M D Country of birth		Present occupation	
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

NOTE 2: If no children are listed in Section B, read and sign below.

I certify that I do not have any children, either natural or adopted. ►

Signature: Singhal

Date:

Year Month Day
2015 05 06

SECTION D CERTIFICATION

Signature: Ambar Date:

Year	Month	Day
2015	05	06

IMM 5645 (09-2010) E