



APPLICATION FOR VISITOR VISA (TEMPORARY RESIDENT VISA)

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

1 UCI 1105239558	2 * I want service in English	3 * Visa requested Visitor Visa	OFFICE USE ONLY Validated Yes
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PERSONAL DETAILS

1 Full name *Family name (as shown on your passport or travel document) HOLGUIN RESTREPO		Given name(s) (as shown on your passport or travel document) ANDRES			
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? Family name <div></div>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Given name(s) <div></div>			
3 *Sex M Male	4 * Date of birth 2000 07 04 YYYY MM DD	5 Place of birth * City/Town Bogota * Country or Territory Colombia			
6 *Citizenship Colombia					
7 Current country or territory of residence:					
Country or Territory		Status	Other	From	To
* Colombia		* Student		2018-08-15 YYYY-MM-DD	2024-01-15 YYYY-MM-DD
8 Previous countries or territory of residence: During the past five years have you lived in any country or territory other than your country of citizenship or your current country or territory of residence (indicated above) for more than six months? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Country or Territory		Status	Other	From	To
				YYYY-MM-DD	YYYY-MM-DD
				YYYY-MM-DD	YYYY-MM-DD
9 Country or Territory where applying: Same as current country or territory of residence? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					
Country or Territory		Status	Other	From	To
				YYYY-MM-DD	YYYY-MM-DD
10 * 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 <div></div>		Given name(s) <div></div>			

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name HOLGUIN RESTREPO, A.	Date of Birth 2000-07-04
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PERSONAL DETAILS (CONTINUED)

11 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: <table style="width: 100%;"> <tr> <td style="width: 50%;">Family name</td> <td style="width: 50%;">Given name(s)</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>				Family name	Given name(s)						
Family name	Given name(s)										
c) Date of birth	d) Type of relationship	From	To								
<table style="width: 100%;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td>YYYY</td> <td>MM</td> <td>DD</td> <td></td> </tr> </table>					YYYY	MM	DD			YYYY-MM-DD	YYYY-MM-DD
YYYY	MM	DD									

LANGUAGE(S)

1 *a) Native language/Mother Tongue Spanish	*b) Are you able to communicate in English and/or French? English	c) In which language are you most at ease? <div style="height: 30px;"></div>
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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

PASSPORT

1 *Passport number AW488197	2 *Country or territory of issue COL (Colombia)	3 *Issue date 2019-12-26 YYYY-MM-DD	4 *Expiry date 2029-12-25 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
2 *Document number 1000794275	3 *Country or territory of issue COL (Colombia)	4 Issue date 2018-07-05 YYYY-MM-DD	5 Expiry date YYYY-MM-DD

US PR CARD

1 Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2 Document number <div style="height: 30px;"></div>	3 Expiry date <div style="height: 30px;"></div> YYYY-MM-DD

CONTACT INFORMATION**If submitting your application by mail:**

- 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.

1 Current mailing address														
P.O. box	Apt/Unit	Street no.	* Street name Calle 25 Kr. 1 este Conjunto El Molino Casa 1											
* City/Town Chia	* Country or Territory Colombia		Province/ State	Postal code 250001	District									
2 Residential address Same as mailing address? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes														
Apt/Unit	Street no.	Street name			City/Town									
Country or Territory		Province/State	Postal code	District										
3 Telephone no. <input type="checkbox"/> Canada/US <input checked="" type="checkbox"/> Other <table style="width: 100%;"> <tr> <td style="width: 20%;">*Type Cellular</td> <td style="width: 20%;">*Country Code 57</td> <td style="width: 40%;">*No. 3166999804</td> <td style="width: 20%;">Ext.</td> </tr> </table>				*Type Cellular	*Country Code 57	*No. 3166999804	Ext.	4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input checked="" type="checkbox"/> Other <table style="width: 100%;"> <tr> <td style="width: 20%;">*Type Cellular</td> <td style="width: 20%;">*Country Code 57</td> <td style="width: 40%;">*No. 3174288291</td> <td style="width: 20%;">Ext.</td> </tr> </table>			*Type Cellular	*Country Code 57	*No. 3174288291	Ext.
*Type Cellular	*Country Code 57	*No. 3166999804	Ext.											
*Type Cellular	*Country Code 57	*No. 3174288291	Ext.											
5 Fax no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Country Code No. Ext.				6 E-mail address aholguinr@unal.edu.co										

Applicant Name HOLGUIN RESTREPO, A.	Date of Birth 2000-07-04
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DETAILS OF VISIT TO CANADA

1	* a) Purpose of my visit Other		*b) Other Mitacs Globalink Research Internship	
2	Indicate how long you plan to stay	* From 2023-06-17 YYYY-MM-DD	* To 2023-10-17 YYYY-MM-DD	3 * Funds available for my stay (CAD) \$10,000
4	Name, address and relationship of any person(s) or institution(s) I will visit:			
1	* Name McMaster University			
	Relationship to me Research program institution		* Address in Canada 1280 Main St W, Hamilton, ON L8S 4L8, Canada	
2	Name			
	Relationship to me		Address in Canada	

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
If you answered "yes", give full details of your highest level of post secondary education.				
1	From 2018 08 *YYYY *MM	*Field of study Mechatronics Engineering	*School/Facility name Universidad Nacional de Colombia	
	To 2024 01 *YYYY *MM	*City/Town Bogota	*Country or Territory Colombia	Province/State

EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, Member of Parliament, hospital administrator, employee of a security organization). Do not leave gaps. If retired, not working or studying, please indicate. If you are retired, please provide the 10 years before your retirement.				
1	From 2022 08 *YYYY *MM	* Current Activity/Occupation University Assistant	* Company/Employer/Facility name Universidad Nacional de Colombia	
	To 2023 06 *YYYY *MM	* City/Town Bogota	* Country or Territory Colombia	Province/State
2	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country or Territory	Province/State
3	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country or Territory	Province/State

Applicant Name
HOLGUIN RESTREPO, A.

Date of Birth
2000-07-04

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

1	a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).		

2	a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	c) Have you previously applied to enter or remain in Canada?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	d) If you answered "yes" to question 2a), 2b), or 2C please provide details.		

3	a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country or territory?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	b) If you answered "yes" to question 3a) above, please provide details.		

4	a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	b) If you answered yes to question 4a), please provide dates of service and countries or territories where you served.		

5	Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
6	Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.