FAMILY INFORMATION

Complete ALL names in English and in your <u>native language</u> (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 apply on paper and additional space is required, print and attach an additional form.

TYPE OR PRINT IN BLACK INK.

Important: Instructions are available at the end of this form to help you complete the sections below.

India, 602002

SECTION A

| APPLICANT | | | | | | | | |
|---|----------|--|---|----------------|---|---|---|--------------------|
| Family name (as shown on passport/travel document) | | | Given name(s) (as shown on passport/travel document) | | | Name in native language (if applicable) | | |
| BALU | | | BHARANIDHARAN | | | | | |
| Date of birth (YYYY-MM-DD) | | | try or territory of birth n passport/travel document) | | Marital status | | 5 | Present occupation |
| 1987-05-25 INDIA | | | | Married | | Ma | nager - Projects | |
| | | | | | | 1 w | as physically present ceremon | TIIXIYES |
| YOUR SPOUSE, COMMON-LA | | | UGAL PAR | TNER | | | | |
| Family name (as shown on passport/travel document) | | | Given name(s) (as shown on passport/travel document) | | | Name in native language (if applicable) | | |
| Kannadasan | | | Premav | Premavathy | | | | |
| Date of birth (YYYY-MM-DD) | | (as shown on passport/travel (If dece | | (If deceased | ent address ed give city/town, d date of death) | | Marital status | Present occupation |
| 1991-06-27 | India | Tiruvallur | | | Married | | Unemployed | |
| | | | | | | N | My spouse was physic the marriage co | |
| YOUR PARENT 1 (MOTHER C | OR FATHE | R) | | | | | | |
| Vill accompany you to Canada | ? | s 🛛 NO | | | | | | |
| Family name (as shown on passport/travel document) | | | Given name(s) (as shown on passport/travel document) | | | ent) | Date of birth (YYYY-MM-DD) | |
| Balu | | | Sasikala | | | | 1964-01-24 | |
| | | Present address d give city/town, country and date of death) | | Marital status | | s | Present occupation | |
| | | | ur, Tami | , Tamil Nadu, | | | 73- | |



Unemployed

India

Widowed

YOUR PARENT 2 (MOTHER OR FATHER)

| | s NO | | | | |
|--|---|--|--|---|--|
| Family name (as shown on passport/travel document) | | | name(s) port/travel document) | Date of birth (YYYY-MM-DD) | |
| atesa Pillai | В | alu | | 1954-10-25 | |
| Country or territory of birth as shown on passport/travel document) | (If deceased given | sent address ve city/town, country and ate of death) | Marital status | Present occupation | |
| ndia | Tiruvallur, Death 2014- | , India Date of Married | | Deceased | |
| OTE 1: If no spouse, common-law or co certify that I do not have a spouse, com gnature: | | ugal partner. | | Date (YYYY-MM-DD) | |
| ide ALL sons and daughters, including A require more space, please either add to not have any children | lines to the form b | | | the additional information. | |
| Relationship | Family name (as shown on passport/travel document) | | Given name(s) (as shown on passport/travel docum | Date of birth (YYY-MM-DD) | |
| Daughter | Bharanidharan | | Pranavi | 2017-06-03 | |
| Country or territory of birth as shown on passport/travel document) | Present address (If deceased give city/town, country and date of death) | | Marital status | Present occupation | |
| ndia | Tiruvallur, Tamil Nadu, India, 602002 | | Single | | |
| | India, 6020 | | Strigte | Student | |
| fill accompany you to Canada? | | | Single | Student | |
| fill accompany you to Canada? XE | ES NO | | Given name(s) (as shown on passport/travel docum | Date of birth | |
| | ES NO | amily name passport/travel document) | Given name(s) | Date of birth | |
| Relationship Son Country or territory of birth | ES NO F (as shown on p Bharanidha: | amily name passport/travel document) | Given name(s) (as shown on passport/travel docum | Date of birth (YYY-MM-DD) | |
| Relationship Son Country or territory of birth (as shown on passport/travel document) | ES NO F (as shown on p Bharanidha: Pre (If deceased gi | amily name passport/travel document) ran esent address ive city/town, country and ate of death) , Tamil Nadu, | Given name(s) (as shown on passport/travel docum | Date of birth (YYY-MM-DD) 2020-12-21 | |
| Relationship Son Country or territory of birth (as shown on passport/travel document) | ES NO F (as shown on p Bharanidha: Pre (If deceased gi | amily name passport/travel document) ran esent address ive city/town, country and ate of death) , Tamil Nadu, | Given name(s) (as shown on passport/travel docum Divnesh Marital status | Date of birth (YYY-MM-DD) 2020-12-21 Present occupation | |
| Relationship Son Country or territory of birth (as shown on passport/travel document) ndia | ES NO (as shown on p Bharanidha: (If deceased gi da Tiruvallur India, 602 | amily name passport/travel document) ran esent address ive city/town, country and ate of death) , Tamil Nadu, | Given name(s) (as shown on passport/travel docum Divnesh Marital status | Date of birth (YYY-MM-DD) 2020-12-21 Present occupation Student Date of birth | |

| Relationship | fill accompany you to Canada? Y | ES NO | | |
|--|--|--|---|-----------------------------------|
| Itr deceased give city/town, country and date of death) Marital status Present occupation date of death) | Relationship | | | |
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| Relationship Family name (as shown on passport/travel document) Country or territory of birth (as shown on passport/travel document) Present address (If deceased give city/town, country and date of death) NOTE 2: If no children are listed in Section B, read and sign below. certify that I do not have any natural, adopted nor step-children. Signature: Date (YYYY-MM-DD) SECTION C - CERTIFICATION certify that the information contained in this document is complete, accurate and factual. I also realize that once this document has been completed and will form part of my Immigration Record and will be used to verify my family details on future applications. | | (If deceased give city/town, country and | Marital status | Present occupation |
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| certify that the information contained in this document is complete, accurate and factual. I also realize that once this document has been completed and vill form part of my Immigration Record and will be used to verify my family details on future applications. | | | Date (YYYY | -MM-DD) |
| certify that the information contained in this document is complete, accurate and factual. I also realize that once this document has been completed and vill form part of my Immigration Record and will be used to verify my family details on future applications. | SECTION C - CERTIFICATION | | | |
| Signature: D. Th Quartill Quartill Quartill 2024_1 | will form part of my immigration Record | and will be used to verity my family details | s on future applications. | WOOD NO. 10 TO THE OWNER. |
| The information you provide on this form is collected under the authority of the <i>Immigration and Refugee Protection Act</i> to determine if you may be admitt as a temporary resident. It will be stored in Personal Information Bank CIC PPU 055, Visitor Case File. It is protected and accessible under the <i>Privacy Act</i> | The information you provide on this form | is collected under the authority of the Im | migration and Petures Protection Act to deter | mina if you may be admitted to Co |

INSTRUCTIONS

Who needs to fill out this application form?

This form must be completed by:

- · each person, 18 years of age or older, or
- · a minor (less than 18 years of age) travelling alone.

SECTION A

Write the personal details for:

- vourself
- your spouse, common-law or conjugal partner, (if applicable)
- vour mother and
- · your father
- or parent.

Include: full name (family name and given name), name in native language (if applicable), date of birth, country or territory of birth, present address (e.g. street name and number, city, country, postal code), marital status and present occupation (job).

Check Yes or No to indicate if the person will accompany you to Canada.

If a person is deceased, indicate in which city/town, country and the date of death under "Present address".

If a person is not employed, indicate whether the person is retired, studying, etc.

If a section does not apply to you write "Not applicable" or "N/A",

Note: If you do not have a spouse, a common-law or conjugal partner, read "Note 1", sign and date the declaration.

SECTION B

Write the personal details for your children. It is very important that you list all of your children (even if they are already permanent residents or citizens of Canada). This includes:

- · married children,
- adopted children,
- · children of your spouse (step-children) or common-law partner,
- · any of your children who have been adopted by others,
- · any of your children who are in the custody of an ex-spouse, former common-law partner or other guardian.

Check Yes or No to indicate if the person will accompany you to Canada.

Include: relationship (e.g. son, adopted daughter), full name (family name and given name), name in native language (if applicable), date of birth, country or territory of birth, present address (e.g. street name and number, city, country, postal code), marital status and present occupation (job). If a person is deceased, indicate in which city/town, country and the date of death under "Present address".

If a person is not employed, indicate whether the person is retired, studying, etc.

Note: If you do not have any children, check the box 'I do not have any children' and read "Note 2", sign and date the declaration.

SECTION C

Signature

Sign and date in the sections provided.

Note: By signing, you certify that you fully understand the questions asked, and that the information you have provided is complete, accurate and factual. If you do not sign or date the form, your application will be returned to you

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 provided will be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, provincial/territorial governments, foreign governments for the purpose of validating identity, eligibility and admissibility. The personal information may also be disclosed to medical practitioners for the purpose of validating identity and eligibility.

Personal information may also be used for other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, subsequent program eligibility, and 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 the <u>Privacy Commissioner of Canada</u>. The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 013, 051, 068.