



IMM 5257 – Sample document for Dependent (Spouse, Child- age less than six)

IMM5257E – Application for Temporary Resident



Government
of Canada

Gouvernement
du Canada

PROTECTED WHEN COMPLETED - B
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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.

Validate

Clear Form

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

1 Full name *Family name (as shown on your passport or travel document)	Given name(s) (as shown on your passport or travel document)
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? Family name	<input type="checkbox"/> No <input type="checkbox"/> * Yes Given name(s)

Mention the Family
Name/ Surname &
Given Name as per the
current passport

Mention "Yes"
only if there was
a name change
in the passport

3 *Sex	4 * Date of birth YYYY MM DD	5 Place of birth * City/Town	* Country or Territory
6 *Citizenship			

DOB, place of birth, country and
citizenship should be as per the
current passport

Country – United States of America
Status – Other
Other – Dependent

From Date – the date your dependent entered US/current country of residence as a “worker/visitor”

To Date – I94 or I797/ petition expiry date/ resident permit/immigration document end date.

If I 94 or I 797 has expired, please attach the extension receipt in proof of immigration place holder in VRA and enter any date 3 months from the current date you are completing the application.

7	Current country or territory of residence:				
	Country or Territory	Status	Other	From	To
*	<div></div>	<div></div>		YYYY-MM-DD	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 type="checkbox"/> * No <input type="checkbox"/> * Yes
	Country or Territory	Status	Other	From	To
	<div></div>	<div></div>		YYYY-MM-DD	YYYY-MM-DD
	<div></div>	<div></div>		YYYY-MM-DD	YYYY-MM-DD

Applicable only if your dependent has stayed for more than 6 months in the last 5 years in any other country apart from the country of residence or citizenship

Please provide appropriate responses as applicable for the below

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		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 ▶		
	<div></div>		Date YYYY-MM-DD		
c) Provide the name of your current Spouse/Common-law partner					
Family name			Given name(s)		

Applicant Name	Date of Birth
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PERSONAL DETAILS (CONTINUED)

11 a) Have you previously been married or in a common-law relationship? <input type="checkbox"/> * No <input type="checkbox"/> * Yes b) Provide the following details for your previous Spouse/Common-law Partner: Family name Given name(s)			
c) Date of birth YYYY MM DD	d) Type of relationship <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	From YYYY-MM-DD	To YYYY-MM-DD

LANGUAGE(S)

1 a) Native language/Mother Tongue <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	*b) Are you able to communicate in English and/or French? English	c) In which language are you most at ease? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> * No <input type="checkbox"/> * Yes		

Mention your
dependent native
language

Mention "Yes" only if
your dependent has
written English language
test – IELTS or CELPIP

PASSPORT

1 * Passport number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2 * Country or territory of issue <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	3 * Issue date YYYY-MM-DD	4 * Expiry date YYYY-MM-DD
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Provide your dependent's passport
number, country of issue, issue and
expiry dates as per the current passport

NATIONAL IDENTITY DOCUMENT

1 Do you have a national identity document? <input type="checkbox"/> * No <input type="checkbox"/> * Yes				
2 Document number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	3 Country or territory of issue <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	4 Issue date YYYY-MM-DD	5 Expiry date YYYY-MM-DD	

If your dependent have
Aadhar card, update the
details, else select "No"

US PR CARD

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

If your dependent have US green card, select "Yes" and mention the details, otherwise choose the option as "No"

Current mailing address – keep the attorney's details as it is

1 Current mailing address					
P.O. box	Apt/Unit	Street no.	*Street name		
	5th Floor	150	York Street- Green and Spiegel, LLP- Evan J. Green (Emp ID)		
*City/Town	*Country or Territory	*Province/State	*Postal code	District	
Toronto	Canada	ON	M5H 3S5		
2 Residential address Same as mailing address? <input type="checkbox"/> *No <input 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 type="checkbox"/> Other			4 Alternate Telephone no. <input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other		
Type	Country Code	No.	Ext.	*Type	Country Code
				Business	1
					(416) 862 – 7880
					Ext.

Provide your current residential address.

Provide your contact number

Alternate phone number, Fax number and email address – Keep the attorneys details as it is

5	Fax no. <input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other	Country Code	*No.	Ext.	6	E-mail address
		1	(416) 862 – 1698			evang@gands.com

Applicant Name		Date of Birth	
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Other

Accompanying spouse/ parents

Please convert your annual salary into CAD and update it.

DETAILS OF VISIT TO CANADA			
1	* a) Purpose of my visit		b) Other
2	Indicate how long you plan to stay	* From YYYY-MM-DD	* To YYYY-MM-DD
3	* Funds available for my stay (CAD)		
4	Name, address and relationship of any person(s) or institution(s) I will visit:		
	* Name		
1	Relationship to me	* Address in Canada	
	Name		
2	Relationship to me	Address in Canada	

Indicate how long you plan to stay – Duration of stay should be same as the primary applicant
 Name – name of primary applicant
 Relationship to me – Spouse/ Father/ Mother
 Address in Canada – Cognizant Technology Solutions Canada office address (i.e. 7100 west credit avenue,
 Mississauga, ON, Canada, L5N 5N1)

EDUCATION				
Have you had any post secondary education (including university, college or apprenticeship training)? <input type="checkbox"/> * No <input type="checkbox"/> * Yes				
If you answered "yes", give full details of your highest level of post secondary education.				
1	From YYYY MM	Field of study	School/Facility name	
	To YYYY MM	City/Town	Country	Province/State

You would need to provide the educational details only if your dependent has obtained a degree from a university or a college. Please mention the highest level of education.

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 *YYYY *MM	* Current Activity/Occupation	* Company/Employer/Facility name	
	To YYYY MM	* City/Town	* Country or Territory	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

**For Spouse**

You would need to provide your dependent past 10 years of employment history with proper onshore and offshore split-up (city, state wise) including designation split up as applicable without any gaps in-between in a chronological order starting from current status. If you were not working or studying at any point in the past 10 years, please state “unemployed” or “student” as previous activity or occupation (whichever is applicable). If you run out of room on the form, please use the “Employment Addendum” template available in the “digital docs” to continue the information.

For Child

You would need to provide your child’s history from his/her DOB without any gaps starting with the current one. You can mention “not applicable” or “student” as an occupation (whichever is applicable). If you run out of room on the form, please use the “Employment Addendum” template available in the “digital docs” to continue the information, convert the same into PDF, and upload same field

Background Information - Provide the appropriate response. If you have provided "Yes" to any of the questions from 3 through 6, then you would need to fill IMM5257 Schedule 1 form

BACKGROUND INFORMATION

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

Clear Section

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 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 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).		
<div></div>			

2	a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?	<input 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 type="checkbox"/> No	<input type="checkbox"/> Yes
	c) Have you previously applied to enter or remain in Canada?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	d) If you answered "yes" to question 2a), 2b), or 2c) please provide details.		
<div></div>			

Please mark the section 2.b as "Yes" if your dependent received denial status on any visa/petition from any country and it should be mentioned on the section 2.d

Please mention the Canada visa details, even if your dependent applied or travelled in visitor visa, by marking the section 2.c as "Yes"

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

Applicant Name

Date of Birth

SIGNATURE

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? (Y/N)

☐ No☐ Yes

I consent to the release to Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

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 by mail.

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

PRIVACY NOTICE

Personal information provided on this form is collected and will be used, disclosed, and retained 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 applications. The personal information provided may be disclosed to other federal government institutions and third parties including law enforcement bodies, provincial/territorial governments and/or foreign governments for the purpose of validating identity, eligibility and admissibility.

The personal information collected on an application, and other information collected in support of an application, may be used for computer analytics to support processing of applications and decision making, including your application. Personal information, including from computer analytics, may also be used for purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Where biometrics are provided in support 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.

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. Further details are available in [Info Source](#). 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 Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's personal information bank - [IRCC PPIU 068](#).

Validate

This form must be validated and dated. Please upload the form in VRA in an editable format. Please remember this form should not be signed or scanned by the applicant