PAGE 1 OF 4

Citizenship and Immigration Canada

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.

	ORE YOU START, READ THE INSTRUCTION GUIDE E or PRINT in black ink			
	Indicate whether you are			
	The principal applicant The spouse, common-law par	rtner or dependent child aged 18 years or older of the principal applicant		
1.	Your full name	Have you, or, if you are the principal applicant, any of you members listed in your application for permanent reside.		ly
	Family name	Canada, ever:	YES	NO
	Given name(s)	a) been convicted of a crime or offence in Canada for which a pardon has not been granted under the Criminal Records Act of Canada?		
2.	Your full name written in your native language or script (e.g., Arabic, Cyrillic, Chinese, Korean, Japanese characters or Chinese commercial/telegraphic code)	 b) been convicted of, or are you currently charged with, on trial for, or party to a crime or offence, or subject of any criminal proceedings in any other country? 		
3.	Your date of birth Year Month Day	 c) made previous claims for refugee protection in Canada or at a Canadian visa office abroad, in any other country or countries, or with the United Nations High Commissioner for Refugees (UNHCR)? 		
4.	Personal details of your father Family name	d) been refused refugee status, an immigrant or permanent resident visa (including a Certificat de sélection du Québec (CSQ) or application to the Provincial Nominee Program) or visitor or temporary resident visa, to Canada or any other country?		
	Given name(s)	e) been refused admission to, or ordered to leave, Canada or any other country?		
	Year Month Day	f) been involved in an act of genocide, a war crime or in the commission of a crime against humanity?		
	Date of birth Town/City	g) used, planned or advocated the use of armed struggle or violence to reach political, religious or social objectives?		
	of birth Country of birth	h) been associated with a group that used, uses, advocated or advocates the use of armed struggle or violence to reach political, religious or social objectives?		
	Date of death, Year Month Day if deceased	 i) been member of an organization that is or was engaged in an activity that is part of a pattern of criminal activity? 		
5.	Personal details of your mother	j) been detained, incarcerated or put in jail?		
J.	Family name at birth	k) had any serious disease or physical or mental disorder?		
	Given name(s)	If your answer to any of these questions is YES, provide det	ails belo	w.
	Date of birth Year Month Day			
	Town/City of birth			
	Country of birth			_
	Date of death, if deceased			
				_



	Elementary/ Secondary/ high school			University/ college			Trade school or other post secondary school			
Sive full d	etails o	f all the sec	condar	and post secondary education (inclu	ıding un	iversity, college a	and apprent	iceship tra	ining) you have h	ad.
From To			Name of institution			City and country		pe of certificate o		
Y	М	Y	М					diploma issued		
	L									
Personal	nistory	′								
				I history since the age of 18, or the pa						
				on. Under "Activity", write your occup						
country.	ionig (i	oi example	. unen	ipioyed, studying, travelling, retired, ir	i deterit	ion, etc. j. n you v	vere outside	your cour	iti y Oi Hationality,	indicate your status ii
Note: Plea	se ens	ure that yo	u do no	ot leave any gaps in time.						
O F	ailure	to accoun	t for al	I time periods will result in a delay	in the p	processing of yo	our applica	tion.		
				-	1					
Fror	n	То		Activity		City or town	Status in	n country		company, employer,
Υ	М	Υ	М	Activity		and country	Otatus II	r country	school, fa	icility, as applicable
		I					·			
1 1 1	1 .	1	1,							
	1		1							
	l i									
	i		1							
Members	hip or	associatio	n with	organizations						
	-			_						
What orga	nizatio	ns have yo	u supp	orted, been a member of or been ass					h or student organ	nization, trade unions
What orga	nizatio al asso	ns have yo	u supp o not u	orted, been a member of or been assise abbreviations. Indicate the city and	d countr	where you were			h or student organ	nization, trade unions
What orga profession Write "NO	nizatio al asso NE" in	ns have yo ciations. D the box if y	u supp o not u	orted, been a member of or been ass	d countr	where you were				
What orga profession Write "NO Fror	nizatio al asso NE" in	ns have yo ciations. D the box if y	u supp o not u ou hav	orted, been a member of or been assise abbreviations. Indicate the city and	d countr	where you were	e a member	Activities	and/or positions h	oold .
What orga profession Write "NO	nizatio al asso NE" in	ns have yo ciations. D the box if y	u supp o not u	orted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat	d countr	y where you were anization.	e a member	Activities		oold .
What orga profession Write "NO Fror	nizatio al asso NE" in	ns have yo ciations. D the box if y	u supp o not u ou hav	orted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat	d countr	y where you were anization.	e a member	Activities	and/or positions h	oold .
What orga profession Write "NO Fror	nizatio al asso NE" in	ns have yo ciations. D the box if y	u supp o not u ou hav	orted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat	d countr	y where you were anization.	e a member	Activities	and/or positions h	oold .
What orga profession Write "NO Fror	nizatio al asso NE" in	ns have yo ciations. D the box if y	u supp o not u ou hav	orted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat	d countr	y where you were anization.	e a member	Activities	and/or positions h	
What orga profession Write "NO Fror	nizatio al asso NE" in	ns have yo ciations. D the box if y	u supp o not u ou hav	orted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat	d countr	y where you were anization.	e a member	Activities	and/or positions h	oold .
What orga profession Write "NO Fror	nizatio al asso NE" in	ns have yo ciations. D the box if y	u supp o not u ou hav	orted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat	d countr	y where you were anization.	e a member	Activities	and/or positions h	oold .
What orga profession Write "NO Fror	nizatio al asso NE" in	ns have yo ciations. D the box if y	u supp o not u ou hav	orted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat	d countr	y where you were anization.	e a member	Activities	and/or positions h	oold .
What orga profession Write "NO Fror	nizatio al asso NE" in	ns have yo ciations. D the box if y	u supp o not u ou hav	orted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat	d countr	y where you were anization.	e a member	Activities	and/or positions h	oold .
What orga profession Write "NO Fror	nizatio al asso NE" in	ns have yo ciations. D the box if y	u supp o not u ou hav	orted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat	d countr	y where you were anization.	e a member	Activities	and/or positions h	oold .
What orga profession Write "NO Fror	nizatio al asso NE" in	ns have yo ciations. D the box if y	u supp o not u ou hav	orted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat	d countr	y where you were anization.	e a member	Activities	and/or positions h	oold .
What orga profession Write "NO Fror	nizatio al asso NE" in	ns have yo ciations. D the box if y	u supp o not u ou hav	orted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat	d countr	y where you were anization.	e a member	Activities	and/or positions h	oold .
What organorofession Write "NO From Y	nizatio al asso NE" in M	ns have yo ociations. Dothe box if y	u supp o not u ou hav	orted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat	d countr	y where you were anization.	e a member	Activities	and/or positions h	oold .
What orga profession Write "NO Fror Y Government	nizatio al asso NE" in M	ns have yo ociations. D the box if y To Y	M M	orted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat Name of organization	d countrion/orga	y where you wer anization. Type of organ	e a member	Activities with	and/or positions h in organization	neld City and cour
What orga profession Write "NO From Y Government of the control o	nizatio al assoc NE" in M	ns have yo ociations. D the box if y To Y sitions ent positior	u supppo o not u ou hav	nted, been a member of or been assise abbreviations. Indicate the city and enot been a member of any associate. Name of organization.	d countrion/orga	y where you wern anization. Type of organization are also as a security over in a security or a sec	e a member	Activities with	and/or positions h in organization	neld City and cour
What orga profession Write "NO Fror Y Governm. List any gg	nizatio al assc NE" in n M ent po	ns have yo ociations. D the box if y To Y sitions ent positior ur retireme	u supppo o not u ou hav	nted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat Name of organization h as civil servant, judge, police officer not use abbreviations. Write "NONE"	d countrion/orga	y where you wern anization. Type of organization are also as a security over in a security or a sec	e a member	Activities with	and/or positions h in organization	neld City and cour
What orga profession Write "NO Fror Y Governme List any go before or a	nizatio al assc NE" in n M when the power manner is a second control of the power mann	ns have yo ociations. D the box if y To Y sitions ent positior ur retireme	u suppo o not u ou have	nted, been a member of or been asses abbreviations. Indicate the city and e not been a member of any associate. Name of organization h as civil servant, judge, police officer not use abbreviations. Write "NONE" Country and level of jurisdiction	d countrion/orga	y where you wern anization. Type of organization organization organization.	e a member	Activities with	and/or positions h in organization e held. Include pot t positions.	city and cour
What orga profession Write "NO Fror Y Governm. List any go	nizatio al assc NE" in n M ent po	ns have yo ociations. D the box if y To Y sitions ent positior ur retireme	u supppo o not u ou hav	nted, been a member of or been ass se abbreviations. Indicate the city and e not been a member of any associat Name of organization h as civil servant, judge, police officer not use abbreviations. Write "NONE"	d countrion/orga	y where you wern anization. Type of organization organization organization.	organizatio	Activities with	and/or positions h in organization e held. Include pot t positions.	city and cour
What orga profession Write "NO Fror Y Government ist any go perfore or a Fror	nizatio al assc NE" in n M when the power manner is a second control of the power mann	ns have yo ociations. D the box if y To Y sitions ent positior ur retireme	u suppo o not u ou have	nted, been a member of or been asses abbreviations. Indicate the city and e not been a member of any associate. Name of organization h as civil servant, judge, police officer not use abbreviations. Write "NONE" Country and level of jurisdiction	d countrion/orga	y where you wern anization. Type of organization organization organization.	organizatio	Activities with	and/or positions h in organization e held. Include pot t positions.	city and cour
What orga profession Write "NO Fror Y Government ist any go perfore or a Fror	nizatio al assc NE" in n M when the power manner is a second control of the power mann	ns have yo ociations. D the box if y To Y sitions ent positior ur retireme	u suppo o not u ou have	nted, been a member of or been asses abbreviations. Indicate the city and e not been a member of any associate. Name of organization h as civil servant, judge, police officer not use abbreviations. Write "NONE" Country and level of jurisdiction	d countrion/orga	y where you wern anization. Type of organization organization organization.	organizatio	Activities with	and/or positions h in organization e held. Include pot t positions.	city and cour
What orga profession Write "NO Fror Y Government ist any go perfore or a Fror	nizatio al assc NE" in n M when the power manner is a second control of the power mann	ns have yo ociations. D the box if y To Y sitions ent positior ur retireme	u suppo o not u ou have	nted, been a member of or been asses abbreviations. Indicate the city and e not been a member of any associate. Name of organization h as civil servant, judge, police officer not use abbreviations. Write "NONE" Country and level of jurisdiction	d countrion/orga	y where you wern anization. Type of organization organization organization.	organizatio	Activities with	and/or positions h in organization e held. Include pot t positions.	city and cour
What orga profession Write "NO Fror Y Government ist any go perfore or a Fror	nizatio al assc NE" in n M when the power manner is a constant to the powe	ns have yo ociations. D the box if y To Y sitions ent positior ur retireme	u suppo o not u ou have	nted, been a member of or been asses abbreviations. Indicate the city and e not been a member of any associate. Name of organization h as civil servant, judge, police officer not use abbreviations. Write "NONE" Country and level of jurisdiction	d countrion/orga	y where you wern anization. Type of organization organization organization.	organizatio	Activities with	and/or positions h in organization e held. Include pot t positions.	city and cour
What orgaprofession Write "NO Fror Y Governme List any gg before or a	nizatio al assc NE" in n M when the power manner is a constant to the powe	ns have yo ociations. D the box if y To Y sitions ent positior ur retireme	u suppo o not u ou have	nted, been a member of or been asses abbreviations. Indicate the city and e not been a member of any associate. Name of organization h as civil servant, judge, police officer not use abbreviations. Write "NONE" Country and level of jurisdiction	d countrion/orga	y where you wern anization. Type of organization organization organization.	organizatio	Activities with	and/or positions h in organization e held. Include pot t positions.	neld City and cour
What orgaprofession Write "NO Fror Y Governme List any go before or a	nizatio al assc NE" in n M when the power manner is a constant to the powe	ns have yo ociations. D the box if y To Y sitions ent positior ur retireme	u suppo o not u ou have	nted, been a member of or been asses abbreviations. Indicate the city and e not been a member of any associate. Name of organization h as civil servant, judge, police officer not use abbreviations. Write "NONE" Country and level of jurisdiction	d countrion/orga	y where you wern anization. Type of organization organization organization.	organizatio	Activities with	and/or positions h in organization e held. Include pot t positions.	city and cour

1. Militai	ry and/	or pa	ramilitary serv	vice								
Provid	ovide below complete details of military and/or paramilitary service for each of the countries in whose armed forces you served.											
Write '	Write "NONE" in the box if you have not undertaken military and/or paramilitary service. Do not leave any gaps in time.											
N 1												
Name	of cour	ntry										
			,			1	T					
	From	1	То	Branch of service, unit numbers and	Rank(s)	Dates and places	Reason for end of service					
Y	<u> </u>	М	Y M	names of your commanding officers		of any active combat						
					1	I						
		-										
			<u> </u>									
	. 1											
Name	of cour	ntry										
	From		То	Branch of service, unit numbers and		Dates and places						
Y	,	М	Y M		Rank(s)	of any active combat	Reason for end of service					
		•			•							
	1		1									
\vdash												
	, 1											
		'										
		1										
	1											
1 1 1		n J										

12. Addresses

List all addresses where you have lived since your 18th birthday or the past 10 years, whichever is most recent. Do not use P.O. box addresses.

	То		Street and number	City or town	Province, State or	Postal code/	Country
М	Υ	M	Street and number	City of town	District	Zip code	Country
ı							
1							
,							
1							
ı							
<u> </u>							
	M	1	1	Street and number	Street and number City or town	Street and number City or town	Street and number City or town

Authority to disclose personal information

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.

Declaration of applicant	
I declare that the information I have given is truthful, complete and correct.	
Signature Date	Year Month Day
DO NOT COMPLETE THE FOLLOWING SECTION NOW. YOU MAY REPRESENTATIVE OF THE CANADIAN GOVERNMENT OR AN OF	
Solemn declaration I, , , do solemnly declare that the 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	Interpreter declaration I, , do solemnly declare that I have 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 interpreter
Declared before me at this	day of of the year
Government Name official Please print or type	Signature

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.