



## GENERIC APPLICATION FORM FOR CANADA

### APPLICATION DETAILS

1 *Program under which you are applying	2 *Category under which you are applying	Office use only validated
3 *How many family members, including you, are in this application (see instructions guide)? ▶		
4 Language preference for: *a) Correspondence *b) Interview *c) Interpreter requested		5 Where do you intend to live in Canada? a) Province/Territory b) City/Town
6 a) Have you received your Certificat de Sélection du Québec (CSQ)? <input type="checkbox"/> No <input type="checkbox"/> Yes		b) If yes, please indicate the number c) If no, when did you apply for your CSQ? ▶ YYYY-MM-DD

### PERSONAL DETAILS

1 Full Name *Family name(s) (exactly as shown on your passport or travel document)		Given name(s) (exactly as shown on your passport or travel document)	
2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.)? <input type="checkbox"/> *No <input type="checkbox"/> *Yes b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.) Family name(s)		Given name(s)	
3 UCI	4 *Sex	5 Height ▶ *cm OR ft. in.	6 *Eye colour
7 Date of Birth * YYYY * MM * DD	8 Place of Birth * City/Town *Country		
9 Citizenship(s) *1) ▶ 2) ▶			
10 Current country of residence:			
Country	Status	Other	From To
*	*		YYYY-MM-DD YYYY-MM-DD
11 Date and place of your last entry to Canada ▶ YYYY-MM-DD		Place	
12 a) Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? <input type="checkbox"/> *No <input type="checkbox"/> *Yes b) If you answered "yes" to question 12 a), please provide details			
Country	Status	Other	From To
			YYYY-MM-DD YYYY-MM-DD
			YYYY-MM-DD YYYY-MM-DD

Applicant Name	Date of Birth
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<b>13</b> * 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  Date <div style="text-align: right;">YYYY-MM-DD</div>				
c) Provide the name of your current spouse/common-law partner <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Family name(s)</td> <td style="border: none; width: 50%;">Given name(s)</td> </tr> </table>				Family name(s)	Given name(s)
Family name(s)	Given name(s)				
<b>14</b> a) <b>Have you previously been married or in a common-law relationship?</b> <input type="checkbox"/> * No <input type="checkbox"/> * Yes b) Provide the following details for your previous spouse/common-law partner: <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Family name(s)</td> <td style="border: none; width: 50%;">Given name(s)</td> </tr> </table>				Family name(s)	Given name(s)
Family name(s)	Given name(s)				
c) Type of relationship	d) From <div style="text-align: center;">YYYY-MM-DD</div>	To <div style="text-align: center;">YYYY-MM-DD</div>	e) Date of Birth <div style="text-align: center;">YYYY      MM      DD</div>		

**CONTACT INFORMATION**

<b>1 Current mailing address</b> - 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.														
P.O. box	Apt./Unit	Street no.	*Street name											
City/Town	*Country		Province/State	Postal code	District									
<b>2 Residential address</b> Same as mailing address? <input type="checkbox"/> * No <input type="checkbox"/> * Yes														
Apt./Unit	Street no.	Street name			City/Town									
Country		Province/State	Postal code	District										
<b>3 Telephone no.</b> <input type="checkbox"/> Canada/US <input type="checkbox"/> Other <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 20%;">Type</td> <td style="border: none; width: 20%;">Country Code</td> <td style="border: none; width: 20%;">No.</td> <td style="border: none; width: 40%;">Ext.</td> </tr> </table>				Type	Country Code	No.	Ext.	<b>4 Alternate Telephone no.</b> <input type="checkbox"/> Canada/US <input type="checkbox"/> Other <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 20%;">Type</td> <td style="border: none; width: 20%;">Country Code</td> <td style="border: none; width: 20%;">No.</td> <td style="border: none; width: 40%;">Ext.</td> </tr> </table>			Type	Country Code	No.	Ext.
Type	Country Code	No.	Ext.											
Type	Country Code	No.	Ext.											
<b>5 Fax no.</b> <input type="checkbox"/> Canada/US      Country Code      No.      Ext. <input type="checkbox"/> Other				<b>6 E-mail address</b>										

**PASSPORT**

<b>1</b> Do you have a valid passport/travel document? <input type="checkbox"/> * No <input type="checkbox"/> * Yes			
<b>2</b> Passport/Travel document number (exactly as shown on your passport or travel document)	<b>3</b> Country of issue	<b>4</b> Issue date <div style="text-align: center;">YYYY-MM-DD</div>	<b>5</b> Expiry date <div style="text-align: center;">YYYY-MM-DD</div>
<b>5</b> * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
<b>6</b> * For this trip, will you use a National Israeli passport? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			

**NATIONAL IDENTITY DOCUMENT**

<b>1</b> Do you have a national identity document? <input type="checkbox"/> * No <input type="checkbox"/> * Yes			
<b>2</b> Document number	<b>3</b> Country of issue	<b>4</b> Issue date <div style="text-align: center;">YYYY-MM-DD</div>	<b>5</b> Expiry date <div style="text-align: center;">YYYY-MM-DD</div>

Applicant Name	Date of Birth
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**US PR CARD**

<b>1</b> Are you a lawful permanent resident of the United States? <input type="checkbox"/> * No <input type="checkbox"/> * Yes	<b>3</b> Expiry date  <div style="text-align: right;">YYYY-MM-DD</div>
<b>2</b> U.S. Citizenship and Immigration Services (USCIS) number	

**EDUCATION/OCCUPATION DETAIL**

<b>1</b> * Highest level of education	<b>2</b> * Number of years of education in total
<b>3</b> * Current occupation	<b>4</b> * Intended occupation

**LANGUAGE DETAIL**

<b>1</b> *a) Native language/Mother Tongue	*b) Are you able to communicate in English and/or French?	c) In which language are you most at ease?
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		

**DEPENDANT(S)**

You must provide the following details about each of your family members, whether they will be accompanying you to Canada or not. **You must include your spouse or common-law partner, if applicable, and all of your dependent children, and those of your spouse or common-law partner, who are not already permanent residents or citizens of Canada.**

**PERSONAL DETAILS**

<b>1 Full Name</b> * Family name(s) (exactly as shown on your passport or travel document)					Given name(s) (exactly as shown on your passport or travel document)							
<b>2</b> a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? <input type="checkbox"/> * No <input type="checkbox"/> * Yes b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.) Family name(s)										Given name(s)		
<b>3 UCI</b>	<b>4 *Sex</b>	<b>5</b>	<b>Height</b>	cm	OR	ft.	in.	<b>6 Eye colour</b>				
<b>7 Date of Birth</b>  * YYYY * MM * DD		<b>8 Place of birth</b> * City/Town								*Country		
<b>9 Citizenship(s)</b>  *1)										2)		
<b>10 *a) Relationship to principal applicant</b>					b) Other							
<b>11</b> a) Will accompany principal applicant to Canada? <input type="checkbox"/> * No <input type="checkbox"/> * Yes b) Reason why dependant is non-accompanying					<b>12 Dependant Type</b>							
<b>13 Current country of residence:</b>												
Country			Status			Other			From		To	
									YYYY-MM-DD		YYYY-MM-DD	

Applicant Name	Date of Birth
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<b>14</b>	<b>Date and place of your last entry to Canada</b> ▶ <div style="text-align: center; font-size: small;">YYYY-MM-DD</div>	Place			
<b>15</b>	<b>a) Previous countries of residence:</b> During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? <input type="checkbox"/> * No <input type="checkbox"/> * Yes <b>b) If you answered "yes" to question 15 a), please provide details</b>				
	Country	Status	Other	From	To
				YYYY-MM-DD	YYYY-MM-DD
				YYYY-MM-DD	YYYY-MM-DD
<b>16</b>	<b>*a) Your current marital status</b>				
	<b>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</b> ▶				Date <div style="text-align: center; font-size: small;">YYYY-MM-DD</div>
	<b>c) Provide the name of your current spouse/common-law partner</b> <div style="display: flex; justify-content: space-between;"> <span>Family name(s)</span> <span>Given name(s)</span> </div>				
<b>17</b>	<b>a) Have you previously been married or in a common-law relationship?</b> <input type="checkbox"/> * No <input type="checkbox"/> * Yes <b>b) Provide the following details for your previous spouse/common-law partner:</b> <div style="display: flex; justify-content: space-between;"> <span>Family name(s)</span> <span>Given name(s)</span> </div>				
	<b>c) Type of relationship</b>	<b>d) From</b> <div style="text-align: center; font-size: small;">YYYY-MM-DD</div>	<b>To</b> <div style="text-align: center; font-size: small;">YYYY-MM-DD</div>		

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**EDUCATION/OCCUPATION DETAIL**

<b>1</b>	* Highest level of education	<b>2</b>	* Number of years of education in total
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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		

Applicant Name

Date of Birth

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**CONSENT AND DECLARATION OF APPLICANT**

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? ☐ No ☐ Yes

**Consent to release information to intended province/territory of destination**

I, (first name, last name) \_\_\_\_\_ on behalf of myself and all dependants included in this application, authorize Citizenship and Immigration Canada to share the information collected in this application as well as supporting documentation with Provincial and Territorial authorities with responsibility for immigration for the purposes of the *Immigration and Refugee Protection Act*.

**Consent to release information for Evaluation purposes**

I agree that the information contained in this application related to my intended occupation, education and work experience may be shared with prospective employers in order to assist them in hiring workers.

☐ No ☐ Yes

This declaration covers the information I have provided on this form and all the information submitted in my application as well as in the attached schedules and accompanying documents. I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal. I also understand that should I be found to be inadmissible for misrepresentation under section 127 of the *Immigration and Refugee Protection Act*, I may be barred from entering Canada for a period of two years following a final determination of my inadmissibility or, if this determination is made in Canada following my removal from Canada. I understand that if I wish to work in a regulated occupation, it is my responsibility to obtain information on the licensing requirements from the appropriate regulatory body in Canada and that should I be issued a visa for Canada, I am not guaranteed employment in Canada in my occupation or in any other occupation. I understand that should I be issued a visa for Canada, conditions may be imposed on me at the time of its issuance and that I will be required to meet them. I understand all the foregoing statements, having asked for and obtained an explanation on every point that was not clear to me. I realize that once this document has been completed and signed, it will form part of my Immigration Record and will be used to verify my family details on future applications. I will immediately inform the visa office where I submitted my application if any of the information or the answers provided in my application forms change.

I declare that the information I have given is truthful, complete and correct.

**Declaration of applicant**

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.**

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

**DISCLOSURE**

Information provided to CIC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), The Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), The Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part 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.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to CIC's line of business and services and the Government of Canada's access to information and privacy programs are available at the Infosource website (<http://infosource.gc.ca>) and through the CIC Call Centre. Infosource is also available at public libraries across Canada.