

IRCC Constituent Inquiry

Office of MP Mark Gerretsen, Kingston and the Islands

	Today's date (dd/mm/yyyy):						
PART A: PRIMARY APPLICA	NT INFORMAT	TON					
pplication Type: Application Class:		plication Class:			Have you accessed services at this office before? \square Yes \square No		
First and Middle Name(s) (if ap	Last Name(s):						
Date of Birth (dd/mm/yyyy):	Country of Birth:		Email Address:				
Address:	ss: City:		Postal Code:		stal Code:	Telephone #:	
Client ID Number (UCI):	Application	Application Number: Date		Date Applied (dd/mm/yyyy):		How did you apply? ☐ Paper ☐ Online	
*I authorize the Office of Mar information from Immigration			_			obtain confidential client	
Printed Name of Applicant:			Signature of Applicant (please sign by hand only):				
PART B: ENQUIRER INFORM	IATION (if app	olicable)					
First and Middle Name(s) (if applicable):			Last Name(s):				
Relationship to Applicant:	Email Address:				Have you accessed services at this office before? \Box Yes \Box No		
Address:		City:		Pos	stal Code:	Telephone #:	

Issue and additional information: