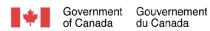


## **CONFIRMATION OF PERMANENT RESIDENCE**

Family name:		
Given name(s):		
Date of birth:		UCI:
Sex:		
Citizenship:		App. no.:
		App. no
		Document no.:
PERSONAL DETAILS -		
Marital status:	Place of birth:	COB:
Height (cm):	Eye color:	COR:
Last entry at:	Last entry date:	Orig. entry date:
Became P.R. at:	Became P.R. on:	Undertaking (mos):
Travel doc. no.:		Expiry date:
Country of issue:		
APPLICATION DETAILS		
Issued at:	Issued date:	Valid to:
Category:	Prov. of dest.:	City of dest.:
Special program: CSQ no.:	Trans. loan no.:	Flight no.: PNC:
CSQ no.:	ESDC no.:	PNG:
Conditions:		PNC:
		.0
Charged/convicted of a crime or o	offence in any country, refused	admission to Canada or required to leave Canada?
g	·····,	
MEDICAL DETAILS	40	
IME no.:	Surveillance code:	Valid to:
SPONSOR INFORMATION		
UCI: DOB:	Name: Relationship:	
Address:	Relationship.	
<b>DEPENDANT(S) INFORMATIO</b>	<u>N</u>	
Have you any dependants other t	han those listed helow?	
riave you arry dependants other to	nan those histed below:	
REMARKS		
Immigration Officer:		Date (YYYY/MM/DD)
		2410 (
I hereby certify that the above sta	tements are true and correct a	nd that I fully
understand the conditions impos	ed.	
		Date (YYYY/MM/DD)





## **CONFIRMATION OF PERMANENT RESIDENCE**

Family name: Given name(s):		
Date of birth:		HOI.
		UCI:
Sex:		
Citizenship:		App. no.:
		Document no.:
PERSONAL DETAILS -		
Marital status:	Place of birth:	сов:
Height (cm):	Eye color:	COR:
Last entry at:	Last entry date:	Orig. entry date:
Became P.R. at:	Became P.R. on:	Undertaking (mos):
Travel doc. no.: Country of issue:		Expiry date:
APPLICATION DETAILS		
Issued at:	Issued date:	Valid to:
Category:	Prov. of dest.:	City of dest.:
Special program:	Trans. loan no.:	Flight no.:
CSQ no.:	ESDC no.:	PNC:
Conditions:		PNC:
Charged/convicted of a crime	or offence in any country, refused ac	lmission to Canada or required to leave Canada
MEDICAL DETAILS		
	60	
IME no.:	Surveillance code:	Valid to:
SPONSOR INFORMATION		
UCI:	Name:	
DOB:	Relationship:	
Address:	Moladonomp.	
DEPENDANT(S) INFORMA	TION	
Have you any dependants oth		
<u>REMARKS</u>		
Immigration Officer:	<u>L. Gehualashet</u>	<u>2021/09/0/</u> Date (YYYY/MM/DD)
I hereby certify that the above understand the conditions im	statements are true and correct and posed.	that I fully
		Date (YYYY/MM/DD)

Canada