

# TRAVEL REGISTRATION FORM

IMMIGRATION, REFUGEES AND CITIZENSHIP CANADA  
EMMANUEL SIAYOR



PASPORT  
PICTURE

# PLEROMA TRAVEL CONSULT

## VISA APPLICATION FORM

<b>COUNTRY OF CHOICE:</b>	
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**TYPE OF APPLICATION:** VISITOR WORKER STUDENT TOURIST

PERSONAL INFORMATION				TITLE:	
<b>FIRST NAME:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SURNAME:</b>					
<b>D.O.B:</b>	/	/	<b>GENDER:</b>	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
<b>PASSPORT NUMBER:</b>				<b>ID NUMBER:</b>	
<b>PASSPORT DATES:</b>	ISSUED ON:		EXPIRES ON:		
<b>COUNTRY OF ISSUANCE:</b>			<b>PLACE OF BIRTH:</b>		
<b>MARITAL STATUS:</b>	SINGLE <input type="checkbox"/>		MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	
<b>OCCUPATION:</b>				<b>POSITION:</b>	
<b>EMPLOYER'S NAME:</b>					
<b>RESIDENTIAL ADDRESS:</b>					
<b>STREET NUMBER:</b>				<b>CITY:</b>	
<b>TEL. NUMBER:</b>					
<b>EMAIL ADDRESS:</b>					

**FAMILY INFORMATION****MARITAL STATUS:** MARRIED ☐ SINGLE ☐ DIVORCE ☐**IF MARRIED, PROVIDE DATE OF MARRIAGE:****FULL NAME OF SPOUSE:****SPOUSE' PLACE OF BIRTH AND COUNTRY:****DO YOU HAVE A CHILD OR CHILDREN?**YES ☐NO ☐ADOPTION ☐**NAMES****BATE OF BIRTH****OCCUPATION****FATHER'S FULL NAME:****DATE OF BIRTH:****PLACE OF BIRTH:****COUNTRY OF BIRTH:****OCCUPATION:****RESIDENTIAL ADDRESS:****MOTHER'S FULL NAME:****DATE OF BIRTH:****PLACE OF BIRTH:****COUNTRY OF BIRTH:****RESIDENTIAL ADDRESS:****DO YOU HAVE ANY SIBLING(S)?**YES ☐NO ☐**NAMES****DATE OF BIRTH****OCCUPATION****ADDRESS**

**TRAVEL HISTORY**

<b>HAVE YOU STAYED IN THE ABOVE MENTIOND COUNTRY BEFORE?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>IF NO, HAVE YOU EVER APPLIED VISA FOR THIS COUNTRY BEFORE</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>HAVE YOU EVER TRAVEL TO ANY COUNTRY OTHER THAN THE ABOVE MENTIONED?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>IF YES, MENSION THE NAME OF THE COUNTRY AND WHY DID YOU RETURN?</b>			
<b>HAVE YOU BEEN REFUSED, BANNED OF VISA OR DEPORTED BEFORE?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>IF YES, GIVE RESONS:</b>			
<b>DO YOU HAVE A NON-IMMIGRANT VISA IN THE U.S.A?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>HAVE YOU HELD ANY VISA IN THE LAST 5 YEARS?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>DO YHOU HAVE ANY CRIMINAL RECORD?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>DO YOU HAVE ANY MEDICAL CONDITION?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>HAVE YOU BEEN DIAGNOSED OF SYPHILIS IN THE LAST 5 YEARS?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**FINANCIAL BACKGROUND**

<b>DO YOU HAVE AN ACTIVE BANK ACCOUNT/STATEMENT?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>WHO IS SPONSORING YOU?</b>	WORK <input type="checkbox"/>	FAMILY <input type="checkbox"/>	SELF <input type="checkbox"/>

**EDUCATIONAL HISTORY**

<b>LEVEL OF EDUCATION:</b>	TERTIARY <input type="checkbox"/>	SHS <input type="checkbox"/>	VOC. <input type="checkbox"/>	JHS <input type="checkbox"/>	NONE <input type="checkbox"/>
<b>DO YOU HAVE A TRANSCRIPT?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>DO YOU HAVE A CV?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				

**CONTACT PERSON**

<b>FULL NAME:</b>			
<b>RELATIONSHIP WITH THE PERSON:</b>			
<b>OCCUPATION</b>			
<b>RESIDENTIAL ADDRESS:</b>			
<b>COUNTRY OF RESIDENCE:</b>			
<b>CONTACT NUMBER:</b>			

**NEXT OF KING INFORMATION**

<b>FULL NAME:</b>			
<b>RELATIONSHIP WITH THE PERSON:</b>			
<b>RESIDENTIAL ADDRESS:</b>			
<b>OCCUPATION:</b>			
<b>TEL. NUMBER:</b>	/		

**DECLARATION**

I, ..... certify that the information contained in this document is complete, accurate and factual. I also realize that once this document has been completed and signed, it will form part of my immigration record. I also agree to pay a non-refundable processing fee.

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**DATE**

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**SIGNATURE****FOR OFFICIAL USE**

<b>FULL NAME:</b>			
<b>DATE:</b>		<b>SIGNATURE:</b>	



**REQUIREMENTS:**

- PDF format/hardcopy of ECOWAS Identification Card (Ghana Card)
- PDF format/hardcopy of International Travelling Passport.
- PDF format/hardcopy of Curriculum Vitae (CV).
- PDF JPEG format of Passport Picture size Photograph.
- PDF format/hardcopy of Academic Transcript (Study Visa)
- PDF format/hardcopy of all other supporting documents (Land, Car, Business, Marriage certificate etc.)
- 2 copies of Passport Picture.
- PDF format/hardcopy of bank statement.

