

PARSA CANADA

Please complete the questionnaire and return to our office. By signing this questionnaire, youconfirm that the

information provided is accurate and to the best of your knowledge.

Date form was completed	Click or tan t	o enter a date.
PRINCIPAL APPLICANT		
First name (as shown in your passport)		
Last name (as shown in your passport)		
Middle Name (as shown in your passport)		
Previous names (Birth/Maiden name,		
previous marriages, nicknames, previous marriage names, alias)		
E-mail address		
Complete address	Apart/Suite	
•	Street	
	number	
	Street	
	name	
	City	
	District	
	Country	
	Postal	
	code	
Home Telephone number		
Cellphone number		
Other (specify)		
Date of birth	Click or tap to	o enter <mark>a date.</mark>
Place of Birth	City	
	Country	
Country of current residence		
Since when (mm/dd/yyyy)	Click or tap	to enter a date.
Country of Citizenship (list all)		
Your native language		

www.parsacanada.com

Other language, that you speak fluently		
Height (cm)		
Eye color (green, grey, brown, hazel,		
blue, black other)		
Marital Status		
Never Married	Yes 🗆	No 🗆
Married	Yes 🗆	No 🗆
Date of registration (mm/dd/yyyy)	Click or tap to er	nter a date.
Common-law partnership	Yes 🗆	No 🗆
	Click or tap to er	ator a dato
From what date (mm/dd/yyyy)		
Divorced	Yes 🗆	No 🗆
Date of divorce (mm/dd/yyyy)	Click or tap to er	nter a date.
state your former spouse's full	First name	
name	Last name	
date of birth (mm/dd/yyyy)	Click or tap to er	nter a date.
 date of entering into marriage (mm/dd/yyyy) 	Click or tap to er	nter a date.
Widower/Widow	Yes 🗆	No 🗆
Date (mm/dd/yyyy)	Click or tap to er	nter a date.
Previous applications (see below):		
Have you ever applied to	Yes 🗆	No 🗆
Immigration Refugees and	When?	Results?
Citizenship Canada (IRCC) before?	(mm/dd/yyyy)	
(including Visitor Visa, Permanent Resident Visa, Study or Work Permits,	Click or tap	
etc.)?	to enter a	
	date.	
Have you made previous claims for	Yes □	No 🗆
refugee protection in Canada or at a		pplication Number and the final decision
Canadian visa office abroad, in any		
other country or countries, or with the		
United Nations High Commissioner for		
Refugees (UNHCR)? Have you applied for any Canadian		Na 🗖
Provincial Nominee Program?	Yes If yes, please provide Ar	pplication Number and the final decision
	,,	
Have you applied for Express	Yes 🗆	No 🗆
Entry?	If yes, please provide Ex	press Entry Profile Number and the final decision

Have you been refused?	Yes 🗆 No 🗆					
□refugee status	If yes, please provide Application Number and final decision for each					
□immigrant or permanent resident						
visa						
□application to the Provincial						
nominee Program						
□temporary resident visa						
□study/work permit						
□denied entry or ordered to leave						
Canada or any other country?						
Where are you planning to live in						
Canada?						
City						
Province						
Have you taken CELPIP-G or IELTS-General?	Yes 🗆	No 🗆				
	CELPIP-G	IELTS-General 🗆				
	Speaking					
 If yes, please indicate: 	Listening					
	Reading					
	Writing					
	Date of the	Click or tap to enter a date.				
	Language Test					
If not please indicate your subjective						
assessment of proficiency on a scale of 1 to 10	1□ 2□ 3□ 4□ 5□	□ 6□ 7□ 8□ 9□10□				
Do you have any blood relatives in	Yes 🗆	No 🗆				
Canada with the Permanent	It yes, please specify					
Resident or Citizen status?	,, r					
	Blood relative	s include:				
lf yes,	mother/father					
Please state names, dates of birth	□siste	r/brother				
and status in Canada.	gran	dfather/grandmother				
	□ daughter/son					
		Jittonoon				

Please indicate the amount of money that you will bring to Canada for yourself and your family (in Canadian dollars)	\$
Tanniy (in Canadian donars)	

This table shows the minimum amount you need to immigrate to Canada in 2020.

Number of	Funds required
family members	(in Canadian dollars)
1	\$12,960
2	\$16,135
3	\$19,836
4	\$24,083
5	\$27,315
6	\$30,806
7	\$34,299
For each additional family member	\$3,492

Please note:

You need proof of funds to meet the minimum requirements of the

- Federal Skilled Worker Program

- Federal Skilled Trades Program

You do not need to show that you have enough money to support yourself and your family if

- you are applying under the Canadian Experience Class or

- you're authorized to work in Canada **and** you have a <u>valid job offer</u>, even if you apply under the Federal Skilled Worker Program or the Federal Skilled Trades Program

Keep your funds up to date in your profile. The system may find that you're <u>eligible for morethan 1</u> <u>program</u>. You do not always know ahead of time which program you will be invited under.

PRINCIPAL APPLICANT EDUCATION HISTORY

Please list all education starting from High School							
Type of diploma/certificate	Date started	Date finished	Name of school:	Field of Study:	City and country:		
obtained:	(mm/dd/yyyy)	(mm/dd/yyyy)		olddy.	ooundy.		
(e.g. high school							
diploma, Master's;							
Bachelor's,							
Specialist' degree,							
Ph.D. etc.)							
	Click or	Click or					
	tap to	tap to					
	enter a	enter a					
	date.	date.					
	Click or	Click or					
	tap to	tap to					
	enter a	enter a					
	date.	date.					
	Click or	Click or					
	tap to	tap to					
	enter a	enter a					
	date.	date.					
	Click or	Click or					
	tap to	tap to					
	enter a	enter a					
	date.	date.					

Please list all education starting from High School

Have you had an Educational Credential	Yes	No 🗆
Assessment (ECA) for any Degree,		
Diploma or Certificate obtained outside		
of Canada?		

PRINCIPAL APPLICANT PERSONAL WORK HISTORY

Provide ALL workplaces since January 2010 until present. Please do not omit any information and <u>DO NOT LEAVE ANY GAPS</u>.

Please include UNEMPLOYMENT periods, Military Service, long-term business trips, governmentpositions etc.

Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)	Position held	Hours per week (if applicable)	City, Country	Company name
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				

If you served in Military, please provide the following information

Start date (mm/dd/year)	End date (mm/dd/year)	Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and places of any active combat	Reason for end of service

PRINCIPAL APPLICANT ADDRESS HISTORY

Please list all your actual residential addresses (not registered mailing/legal addresses), where you resided <u>since January 2010</u> until present:

Please do not omit any information and **DO NOT LEAVE ANY GAPS.**

Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)	Apt.	Street #	Street name	City	District	Country	Postal Code
Click or	Click or							
tap to	tap to							
enter a	enter a							
date.	date.							
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							

FAMILY INFORMATION: <u>Children</u> and <u>Step-children</u> of the PRINCIPAL APPLICANT.

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to	enter a date.	
Place of birth	City		
	Country		
Marital status			
Height (cm)			
Eye colour			
Residential Address	Apt.		
	Street number	and	
	name		
	City		
	District		
	Country		
	Postal code		

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to	enter a date.	
Place of birth	City		
	Country		
Marital status			
Height (cm)			
Eye colour			
Residential Address	Apt.		
	Street number	and	
	name		
	City		
	District		
	Country		
	Postal code		

Full name	First name	Middle	name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to	enter a	date.	
Place of birth	City			
	Country			
Marital status				
Height (cm)				
Eye colour				
Residential Address	Apt.			
	Street number	and		
	name			

City	
District	
Country	
Postal code	

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to	enter a date.	
Place of birth	City		
	Country		
Marital status			
Height (cm)			
Eye colour			
Residential Address	Apt.		
	Street number	and	
	name		
	City		
	District		
	Country		
	Postal code		

PRINCIPAL APPLICANT'S parents:

Father	First name						
	Middle name						
	Last name						
	Date of birth	Click or tap to enter a date.					
	(mm/dd/yyyy)		-				
	Place of birth	City					
		Country					
	Marital status						
	Occupation						
	Residential	Apt/Suite					
	address	Street nu	mber				
		Street na	me				
		City					
		District					
		Country					
		Postal co	de				
	If deceased,	Click or ta	ap to e	enter a date.			
	indicate date of						
	death (mm/dd/yyyy)						

Mother	First name			
	Middle name			
	Last name			
	Date of birth (mm/dd/yyyy)	Click or ta	ap to e	enter a date.
	Place of birth	City		
		Country		
	Marital status			
	Occupation			
	Residential	Apt/Suite	!	
	address	Street nu	mber	
		Street na	me	
		City		
		District		
		Country		
		Postal co	de	
	If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.		

BROTHERS AND SISTERS OF THE PRINCIPAL APPLICANT.

Include half-siblings and step-siblings stating their relation to you.

Full name	First name	Middle name	Last name	
Full date of birth (mm/dd/yyyy)	Click or tap to	enter a date.		
Place of birth	City			
	Country			
Marital status				
Residential Address	Apt.			
	Street number			
	and name			
	City			
	District			
	Country			
	Postal code			
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to	enter a date.		

Full name	First name	Middle name	Last name	
Full date of birth (mm/dd/yyyy)	Click or tap to	enter a date.		
Place of birth	City			
	Country			
Marital status				
Residential Address	Apt.			
	Street number			
	and name			
	City			
	Disctict			
	Country			
	Postal code			
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to	enter a date.		

Full name	First name	Middle name	Last name	
Full date of birth (mm/dd/yyyy)	Click or tap to	enter a date.		
Place of birth	City			
	Country			
Marital status				
Residential Address	Apt.			
	Street number			
	and name			
	City			
	District			
	Country			
	Postal code			
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to	enter a date.		

Full name	First name	Middle name	Last name	
Full date of birth (mm/dd/yyyy)	Click or tap to	enter a date.		
Place of birth	City			
	Country			
Marital status				
Residential Address	Apt.			
	Street number			
	and name			
	City			
	District			
	Country			
	Postal code			
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to	enter a date.		

PRINCIPAL APPLICANT TRAVEL HISTORY:

Please list all your travels outside of your country of residence/citizenship since the **beginningof 2010** until present moment:

FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	How many days?	City and Country visited	Purpose of trip <u>and</u> status within country (Business, Personal)
Click or tap to	Click or tap to			
enter a date.	enter a date.			
Click or tap to	Click or tap to			
enter a date.	enter a date.			
Click or tap to	Click or tap to			
enter a date.	enter a date.			
Click or tap to	Click or tap to			
enter a date.	enter a date.			
Click or tap to	Click or tap to			
enter a date.	enter a date.			
Click or tap to	Click or tap to			
enter a date.	enter a date.			
Click or tap to	Click or tap to			
enter a date.	enter a date.			
Click or tap to	Click or tap to enter a date.			
enter a date.	enter a date.			
Click or tap to	Click or tap to			
enter a date.	enter a date.			
Click or tap to	Click or tap to			
enter a date.	enter a date.			
Click or tap to enter a date.	Click or tap to			
enter a date.	enter a date.			

PRINCIPAL APPLICANT STATUTORY QUESTIONS

Please answer the following statutory questions:

- 1. Do you or any of your family members have ever had tuberculosis of the lungs or have been in close contact with a person with tuberculosis within the past two years.
 - Yes 🗆 No 🗆
- 2. Do you have any physical or mental disorder that would require social or health services other than medication during your stay in Canada?
 - Yes 🗆 No 🗆

If you checked "**Yes**" to any of the above questions, provide details and the name of thefamily member, if it applies to you.

3. Have you stayed beyond the validity of your status, attended school without authorization or worked without authorization in Canada?

Yes 🗆 No 🗆

- 4. Have you:
- committed,
- been arrested for, or
- been charged with or convicted of any criminal offence in any country or territory.

Yes 🗆 No 🗆

If you checked **"yes**", give details. Please include any minor offenses such as traffictickets, bylaw violations, building code violations etc.

5. Have you ever served in any military, militia, civil defence unit, served in a security organization or police force (including non-obligatory national service, reserve or voluntary units)?

Yes 🗆 No 🗆

If you checked "**Yes**", write your dates of service and the countries or territories whereyou served.

6. Have ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as means to achieving a political or religious objective, or which has been associated with criminal activity at any time?

Yes 🗆 No 🗆

7. Have ever witnessed or taken part in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?

Yes 🗆 No 🗆

Note: If you require additional space for any of the questions, please attach a separatesheet with the additional information.

Signature of Principal Applicant

SPOUSE OR COMMON-LAW PARTNER INFORNATION

First name (as shown in your				
passport) Last name (as shown in your				
passport)				
Middle Name (as shown in your				
passport)				
Previous names (Birth/Maiden name,				
previous marriages, nicknames,				
previous marriage names, alias)				
E-mail address	A	0		
Complete address	Apart/			
	Street numb	-		
	Street	-		
	name	-		
	City			
	Distric	ct		
	Count	iry		
	Posta			
	code			
Home Telephone number				
Cellphone number				
Other (specify)				
Date of birth		Click	or tap to enter a date	<u>.</u>
Place of Birth		City		
		Coun	try	
Country of current residence				
Since when (mm/dd/yyyy)		Click or tap to enter a date.		
Country of Citizenship (list all)				
Your native language				
Other language, that you speak fluen	tly			
Height (cm)				
Eye color (green, grey, brown, hazel, blue, black other)				
Has your spouse or common-law partner been married or have been in a common- law relationship before? (if yes, please fill the information below)				
Indicate whether marriage or common-la relationship	w			
Date married/date relationship began		Click	or tap to enter a date).

Date divorced/date relationship ended	Click or tap to enter a dat	e.
	First	
	name Middle	
	name	
	Last name	
	name	
Indicate whether marriage or common-law relationship		
Date married/date relationship began	Click or tap to enter a dat	e.
Date divorced/date relationship ended	Click or tap to enter a dat	e.
	First name	
	Middle	
	Last name	
Previous applications (see below):		
Has your spouse or common-law partner	Yes 🗆	No 🗆
ever applied to Immigration Refugees and Citizenship Canada (IRCC) before?	When? (mm/dd/yyyy)	Results?
(including Visitor Visa, Permanent Resident Visa, Study or Work Permits, etc.)?	Click or tap to enter a	
····	date.	
Has your spouse or common-law partner		
made previous claims for refugee	Yes If yes, please provide Application Nun	No \Box nber and the final decision
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)?		
Has your spouse or common-law partner		No
applied for any Canadian Provincial Nominee Program?	If yes, please provide Application Nun	
Has your spouse or common-law partner	Yes 🗆	No 🗆
applied for Express Entry?	If yes, please provide Express Entry F decision	Profile Number and the final
Has your spouse or common-law partner	Yes 🗆	No 🗆
been refused?	If yes, please provide Application Nur each	nber and final decision for
□refugee status □immigrant or permanent resident visa		

 application to the Provincial nominee Program temporary resident visa study/work permit denied entry or ordered to leave Canada or any other country? 			
Has your spouse or common-law partner taken CELPIP-G or IELTS-General?	Yes 🗆	No 🗆	
	CELPIP-G 🗆 IELT	S-General 🗆	
	Speaking		
 If yes, please indicate: 	Listening		
	Reading		
	Writing		
	Date of the Language Test	Click or tap to enter a date.	
If not please indicate your subjective assessment of proficiency on a scale of 1 to 10	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆 6 🗆 7 🗆 8	3□ 9□10□	
Does your spouse or common-law partner have any blood relatives in Canada with the Permanent Resident or Citizen status?	Yes No If yes, please specify		
If yes, Please state names, dates of birth and status in Canada.	Blood relatives include: mother/father sister/brother grandfather/grandmother niece/nephew uncle/aunt daughter/son		

SPOUSE OR COMMON-LAW PARTNER EDUCATION HISTORY

Please list all education starting from High School

Type of diploma/certificate obtained: (e.g. high school diploma, Master's; Bachelor's, Specialist' degree, Ph.D. etc.)	Date started (mm/dd/yyyy)	Date finished (mm/dd/yyyy)	Name of school:	Field of Study:	City and country:
	Click or	Click or			
	tap to	tap to			
	enter a	enter a			
	date.	date.			
	Click or	Click or			
	tap to	tap to			
	enter a	enter a			
	date.	date.			
	Click or	Click or			
	tap to	tap to			
	enter a	enter a			
	date.	date.			
	Click or	Click or			
	tap to	tap to			
	enter a	enter a			
	date.	date.			

Has your spouse or common-law partner had an Educational Credential Assessment (ECA) for any Degree, Diploma or Certificate obtained outside of Canada?	Yes	No 🗆
of Canada?		

SPOUSE OR COMMON-LAW PARTNER PERSONAL WORK HISTORY

Provide ALL workplaces since January 2010 until present. Please do not omit any information and DO NOT LEAVE ANY GAPS.

Please include UNEMPLOYMENT periods, Military Service, long-term business trips, governmentpositions etc.

Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)	Position held	Hours per week (if applicable)	City, Country	Company name
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				
Click or tap to enter a date.	Click or tap to enter a date.				

If your spouse or common-law partner served in Military, please provide the following information

Start date (mm/dd/year)	End date (mm/dd/year)	Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and places of any active combat	Reason for end of service

SPOUSE OR COMMON-LAW PARTNER ADDRESS HISTORY

Please list all your actual residential addresses (not registered mailing/legal addresses), where you resided <u>since January 2010</u> until present:

Please do not omit any information and DO NOT LEAVE ANY GAPS.

Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)	Apt.	Street #	Street name	City	District	Country	Postal Code
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							

FAMILY INFORMATION:

<u>Children</u> and <u>Step-children of the</u> SPOUSE OR COMMON-LAW PARTNER.

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to	enter a date.	
Place of birth	City		
	Country		
Marital status			
Height (cm)			
Eye colour			
Residential Address	Apt.		
	Street number	and	
	name		
	City		
	District		
	Country		
	Postal code		

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to	enter a date.	
	_	•	
Place of birth	City		
	Country		
Marital status			
Height (cm)			
Eye colour			
Residential Address	Apt.		
	Street number	and	
	name		
	City		
	District		
	Country		
	Postal code		

Full name	First name	Middle	name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to	enter a	date.	
Place of birth	City			
	Country			
Marital status				
Height (cm)				
Eye colour				
Residential Address	Apt.			
	Street number	and		
	name			

City	
District	
Country	
Postal code	

PARENTS of the SPOUSE OR COMMON-LAW PARTNER:

Middle name Last name Date of birth Click or tap to enter a date. (mm/dd/yyyy) Place of birth Place of birth City Cocupation Country Marital status Occupation Residential Apt/Suite address Street number Street number Street name City District Country Postal code If deceased, indicate date of death (mm/ddyyyy) Click or tap to enter a date. Mother First name Last name Click or tap to enter a date. Date of birth Click or tap to enter a date. (mm/ddyyyy) Country Place of birth Clity Date of birth Clity Country Country Marital status Occupation Residential Apt/Suite address Street number Street number Street name City District Country Postal code If deceased, indicate date of Click or tap to enter a date. If deceased, indicate date of </th <th>Father</th> <th>First name</th> <th></th>	Father	First name					
Date of birth (mm/dd/yyyy) Click or tap to enter a date. Place of birth City Qocupation Country Marital status Occupation Residential address Apt/Suite Street number Street number Street name City District Country Postal code If deceased, indicate date of death (mm/dd/yyyy) Mother First name Middle name Last name Last name City Date of birth (mm/dd/yyy) Citk or tap to enter a date. Place of birth (mm/dd/yyy) City Place of birth (mm/dd/yyy) City Place of birth (mm/dd/yyy) City Occupation Residential address Apt/Suite Street number Street number Street number Street name City <th></th> <th>Middle name</th> <th></th>		Middle name					
Imm/dd/yyyy) City Place of birth City Country Marital status Occupation Apt/Suite Residential Apt/Suite address Street number Street name City District Country Postal code If deceased, indicate date of death (mm/dd/yyyy) Vother First name Middle name Last name Last name City Date of birth (mm/dd/yyy) City Place of birth City Country Country Marital status Occupation Residential Apt/Suite address Street name City Country Marital status Occupation Residential Apt/Suite address Street name City District Occupation Street name City District Occupation Street name Street name City District Country Postal code Click or tap to		Last name					
Imm/dd/yyyy) City Place of birth City Country Marital status Occupation Apt/Suite Residential Apt/Suite address Street number Street name City District Country Postal code If deceased, indicate date of death (mm/dd/yyyy) If deceased, indicate date of death (mm/dd/yyyy) Click or tap to enter a date. Mother First name Middle name Last name Last name Date of birth (mm/dd/yyy) Place of birth City Country Country Place of birth City Country Country Place of birth City Country Country Place of birth City Country Marital status Occupation Street number Street number Street number Street name City District Country Postal code If deceased, indicate date of If deceased, indicate date of Click or tap to enter a date. <		Date of birth	Click or tap to enter a date.				
Place of birth City Marital status Occupation Residential address Apt/Suite address Street number Street name City City District Country Postal code If deceased, indicate date of death (mm/dd/yyyy) Click or tap to enter a date. Mother First name Middle name Click or tap to enter a date. Last name Click or tap to enter a date. Date of birth Click or tap to enter a date. Marital status Occupation Residential address Apt/Suite Street number Street number If deceased, indicate date of itrih (mm/dd/yyyy) Click or tap to enter a date. Middle name Click or tap to enter a date. Date of birth Clity Place of birth Clity Country Marital status Occupation Apt/Suite Residential address Apt/Suite If deceased, indicate date of Click or tap to enter a date. If deceased, indicate date of Click		(mm/dd/yyyy)	'				
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BROTHERS AND SISTERS OF THE SPOUSE OR COMMON-LAW PARTNER.

	Include h	alf-siblin	<u>gs and ste</u>	p-sibling	s stating	their	relation	to vo	u
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Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Residential Address	Apt.		
	Street number		
	and name		
	City		
	District		
	Country		
	Postal code		
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.		

Full name	First name	Mid	dle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.			
Place of birth	City			
	Country			
Marital status				
Residential Address	Apt.			
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	and name			
	City			
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	Country			
	Postal code			
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.			

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Residential Address	Apt.		
	Street number		
	and name		
	City		
	District		
	Country		
	Postal code		

If deceased, indicate date of death	Click or tap to enter a date.
(mm/dd/yyyy)	

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Residential Address	Apt.		
	Street number		
	and name		
	City		
	District		
	Country		
	Postal code		
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.		

SPOUSE OR COMMON-LAW PARTNER TRAVEL HISTORY:

Please list all your travels outside of your country of residence/citizenship since the **beginningof 2010** until present moment:

FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	How many days?	City and Country visited	Purpose of trip <u>and</u> status within country (Business, Personal)
Click or tap to	Click or tap to			
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SPOUSE OR COMMON-LAW PARTNER STATUTORY QUESTIONS

Please answer the following statutory questions:

- 8. Do you or any of your family members have ever had tuberculosis of the lungs or have been in close contact with a person with tuberculosis within the past two years.
 - Yes 🗆 No 🗆
- 9. Do you have any physical or mental disorder that would require social or health services other than medication during your stay in Canada?
 - Yes 🗆 No 🗆

If you checked "**Yes**" to any of the above questions, provide details and the name of thefamily member, if it applies to you.

10. Have you stayed beyond the validity of your status, attended school without authorization or worked without authorization in Canada?

No 🗆

Yes 🗆

11. Have y	/ou:
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- committed,
- been arrested for, or
- been charged with or convicted of any criminal offence in any country or territory.

Yes 🗆 No 🗆

If you checked **"yes**", give details. Please include any minor offenses such as traffictickets, bylaw violations, building code violations etc.

12. Have you ever served in any military, militia, civil defence unit, served in a security organization or police force (including non-obligatory national service, reserve or voluntary units)?

Yes 🗆 No 🗆

If you checked "**Yes**", write your dates of service and the countries or territories whereyou served.

13. Have ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as means to achieving a political or religious objective, or which has been associated with criminal activity at anytime?

Yes
No
No

14. Have ever witnessed or taken part in the ill treatment of prisoners or civilians, looting ordesecration of religious buildings?

Yes
No

Note: If you require additional space for any of the questions, please attach a separatesheet with the additional information.

Signature of spouse or common-law partner