

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 | | |

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| 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. | | | | |
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| 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 | | | | | |
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| Marital status Apt/Suite Residential address Apt/Suite Street number Street number Street name City District Country Postal code Click or tap to enter a date. 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 Click or tap to enter a date. If deceased, indicate of birth Click or tap to enter a date. Marital status Occupation Residential address Apt/Suite Street number Street number Street name City Occupation Street number Street name City Occupation Street name City District Country Postal code If deceased, indicate date of Click or tap to enter a date. If deceased, indicate date of Click or tap to enter a date. | | | | | | | |
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| address Street number Street name City District Country Postal code If deceased, indicate date of death (mm/dd/yyyy) Mother First name Middle name Click or tap to enter a date. Last name Click or tap to enter a date. Date of birth (mm/dd/yyy) Click or tap to enter a date. Place of birth (mm/dd/yyy) Click or tap to enter a date. Marital status Occupation Residential address Apt/Suite Street name Street name City District Occupation Apt/Suite Street name Street name City District Dostrict Country Postal code If deceased, indicate date of If deceased, indicate date of Click or tap to enter a date. | | Occupation | | | | | |
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| 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 Last name Last name Date of birth (mm/dd/yyy) Place of birth Click or tap to enter a date. Marital status Occupation Residential address Apt/Suite Street number Street name City District Country Nother | | address | Street number | | | | |
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| Postal code 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 Date of birth Click or tap to enter a date. (mm/dd/yyyy) Place of birth Place of birth Clity Marital status Occupation Residential address Apt/Suite Street number Street name City District Country Postal code If deceased, indicate date of Click or tap to enter a date. | | | District | | | | |
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| Occupation Apt/Suite Residential address Apt/Suite Street number Street name City District Country Postal code If deceased, indicate date of Click or tap to enter a date. | | | Country | | | | |
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| address Street number Street name City District Country Postal code If deceased, indicate date of Click or tap to enter a date. | | Occupation | | | | | |
| Street name City District Country Postal code If deceased, indicate date of Click or tap to enter a date. | | Residential | Apt/Suite | | | | |
| City District Country Postal code If deceased, indicate date of Click or tap to enter a date. | | address | Street number | | | | |
| District Country Postal code If deceased, indicate date of Click or tap to enter a date. | | | Street name | | | | |
| Country Postal code If deceased, indicate date of Click or tap to enter a date. | | | City | | | | |
| Postal code If deceased, indicate date of Click or tap to enter a date. | | | District | | | | |
| If deceased, indicate date of | | | Country | | | | |
| indicate date of | | | Postal code | | | | |
| | | | Click or tap to enter a date. | | | | |

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 |
|--|-----------|------------|-------------------|-----------|-----------|-------|----------|-------|---|
|--|-----------|------------|-------------------|-----------|-----------|-------|----------|-------|---|

| 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. | | | |
| | 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 | 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 | | | |
| 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 | | | |
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| 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. | | | |

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: |
|------------|------|
|------------|------|

- 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