

Immigroup - 1180 Danforth Ave. Toronto, ON. M4J 1M3 P: 1-866-760-2623 F: 416-640-2650 E: info@immigroup.com

# TRP FOR INLAND SPONSORSHIP FROM INSIDE CANADA

## SERVICE ORDER FORM

### INSTRUCTIONS

- 1) Please complete the 'extend my stay' and the use of a representative (IMM5476E) forms. Please fill out the statutory declaration if applicable.
- 2) Make copies of the ID pages and any stamped pages in your passport. If you are married, make a copy of your marriage certificate. If you are engaged, provide evidence of the upcoming wedding. Otherwise complete the statutory declaration form included in this package.
- 3) Include two passport-sized photos with your name and date written on the back.
- 4) Complete this order form in full, ensuring you include all necessary documentation as indicated by the checklist to the right.
- 5) Send your entire application to us by one of the following options. **Fax** it to us at **416-640-2650**. **Email** it to us at **info@immigroup.com**. Or **mail or drop off** your application to our head office located at: **1180 Danforth Ave Toronto, ON M4J 1M3**

### DOCUMENT CHECKLIST

- APPLICATION TO CHANGE CONDITIONS, EXTEND MY STAY OR REMAIN IN CANADA - completed in full**
- USE OF A REPRESENTATIVE FORM**
- COPIES OF ID PAGES & STAMPED PAGES IN PASSPORT, PROOF OF MARRIAGE, COMMON-LAW PARTNERSHIP OR ENGAGEMENT**
- 2 PASSPORT PHOTOS**
- THIS ORDER FORM & ATTACHED CHECKLIST**

APPLICATIONS MISSING THIS ORDER FORM WILL NOT BE PROCESSED

### SERVICE FEES & OPTIONS

#### FULL SERVICE

- Includes review and submission.

**\$640** Includes:

- \$500 fee**
- \$65 HST**
- \$75 government fee**

#### REVIEW ONLY

- Includes review of application only.

**\$357.50** includes:

- \$250 fee**
- \$32.50 HST**
- \$75 government fee**

This is an application for a TRP for inland sponsorship ONLY

### PROCESSING TIME

2-16 WEEKS

(Wait times vary. They are determined solely by the government of Canada)

### AFTER SUBMITTING YOUR APPLICATION

Once we receive your application by email, fax, mail or in person you will be contacted by a member of our team to determine any further steps you need to take.

### CREDIT CARD INFORMATION

By signing below I agree that I will be charged the appropriate fee for the initial application. I agree that this fee will be deducted upon receipt of order from the credit card I have provided.

Cardholder Name

Card Number

Expiration Date

Security Code \*

\*For Visa & MasterCard, the last 3 digits on the back of your card.

\*For Amex, the last 4 digits on the front of your card.

Cardholder Signature:

### DISCLAIMER

By signing below the applicant agrees to the following items:

-I have read and accept the terms and conditions as listed at the following link <http://www.immigroup.com/Disclaimer.php>

-Immigroup is not responsible for applications lost in the mail or for failures in fax or email

-Immigroup is not responsible for applications that are denied. All fees are non-refundable once applications are submitted to the government. Cancellation fees will apply if you withdraw your application before submission to the government. Refunds will not be given if client neglects to submit proper documentation in a timely manner

-I assert that I understand I am using Immigroup to apply for my TRP

**SIGN HERE:**

THE APPLICANT MUST SIGN ABOVE

Your Email:

## APPLICATION TO CHANGE CONDITIONS, EXTEND MY STAY OR REMAIN IN CANADA

NOTE: This form can be used to request/apply for more than one of the services listed below.  
Payment of fees does not guarantee approval of the application.

I want service in	<input type="checkbox"/> English	<input type="checkbox"/> French
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### I AM APPLYING FOR:

#### These visitor, student and worker services

"A"  Extension of temporary resident status as a visitor      "B"  An initial study permit or extension of study permit

"C"  An initial work permit or extension of work permit

"D"  Restoration of temporary resident status as a visitor, student or worker

#### And/or these temporary resident permit holder services

"E"  Another temporary resident permit.  
Include two passport photos.

Client ID Number
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### A - PERSONAL INFORMATION

1 Surname (Family name)		Given name(s)	
Other name(s) used			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth Y M D	Place of birth (City, state/province and country)		
Citizenship	Passport number	Date of issue Y M D	Expiry date Y M D
Your native language		Country of last permanent residence <input type="checkbox"/> Since birth <input type="checkbox"/> Since the year	
If your native language is not English or French, which language do you use most frequently? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither			
<b>MARITAL STATUS</b> <input type="checkbox"/> Never married <input type="checkbox"/> Married		If you are married, is your spouse a Canadian citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law partner	
My residential address in Canada		My current mailing address in Canada (if different from my residential address). All correspondence will go to this address. If you wish to authorize the release of information from your case file to a representative, indicate their address below and on the form IMM 5476	
No. and street	Apt./Unit	No. and street	Apt./Unit
City/Town	Province	Postal code	City/Town Province Postal code
Telephone number in Canada: Area code	Fax number: Area code	Telephone number in Canada for messages: Area code	

### B - MY FAMILY MEMBERS

2 Surname (Family name)		Given name(s)		Relationship	Client ID number
Date of birth Y M D	Country of birth	Country of last permanent residence	Citizenship		
Passport number	Date of issue Y M D	Expiry date Y M D	Type(s) of document requested <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None		
Your native language	If your native language is not English or French, which language do you use most frequently? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither				
My family member is in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3 Surname (Family name)		Given name(s)		Relationship	Client ID number
Date of birth Y M D	Country of birth	Country of last permanent residence	Citizenship		
Passport number	Date of issue Y M D	Expiry date Y M D	Type(s) of document requested <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None		
Your native language	If your native language is not English or French, which language do you use most frequently? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither				
My family member is in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No					

4 Surname (Family name)		Given name(s)		Relationship	Client ID number
Date of birth Y M D	Country of birth	Country of last permanent residence		Citizenship	
Passport number		Date of issue Y M D	Expiry date Y M D	Type(s) of document requested <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None	
Your native language		If your native language is not English or French, which language do you use most frequently? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither			
My family member is in Canada?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

5 Surname (Family name)		Given name(s)		Relationship	Client ID number
Date of birth Y M D	Country of birth	Country of last permanent residence		Citizenship	
Passport number		Date of issue Y M D	Expiry date Y M D	Type(s) of document requested <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None	
Your native language		If your native language is not English or French, which language do you use most frequently? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither			
My family member is in Canada?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

6 Surname (Family name)		Given name(s)		Relationship	Client ID number
Date of birth Y M D	Country of birth	Country of last permanent residence		Citizenship	
Passport number		Date of issue Y M D	Expiry date Y M D	Type(s) of document requested <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None	
Your native language		If your native language is not English or French, which language do you use most frequently? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither			
My family member is in Canada?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**C - COMING INTO CANADA**

7 Original entry to Canada Place (city, province)	Date Y M D	8 Most recent entry to Canada (if not the same as original entry) Place (city, province)	Date Y M D
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9 My original reason for coming to Canada:

**D - MY REQUEST**

10 I want to:  extend my stay in Canada until Y M D  extend the stay of my family members in Canada until Y M D AND / OR  change conditions

for the following reasons (Give complete details):

11 To support myself in Canada:

I have \$ \_\_\_\_\_ (Canadian dollars) available.

I receive support from:  Self  Relative  Friend  General Welfare Assistance  Other

Other details:

12 If you or your family members

- remained beyond the validity of your status
- attended school without authorization
- worked without authorization

please give the reasons and circumstances concerning the situation(s):

13 Have you or any of your family members in Canada ever been convicted of or charged with a crime or offence in any country?

YES  NO

If "yes", give details (name, date and place of charge; name, date and place of conviction, offence, sentence).  
If you require more space, use a separate sheet of paper.

14 Have you or any of your family members in Canada suffered from any serious mental or physical illness?

YES  NO

If "yes", give details (name of illness, period of illness, treatment received). If you require more space, use a separate sheet of paper.

- The information you provided in this application is collected under the authority of the *Immigration and Refugee Protection Act*. It will be used to render a decision regarding this application and may be used for future applications. The information is retained to maintain a record of your application for the purpose of the administration of the Act. The information will be retained in the Personal Information Banks CIC PPU 051, CIC PPU 054, or CIC PPU 055, depending on the type of application made, as well as in CIC APB012 and CIC PPU 042.
- The information may be disclosed to other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), the Human Resources and Skills Development Canada (HRSDC), provincial/territorial and foreign governments in accordance with subsection 8(2) of the *Privacy Act*.
- In accordance with the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at the Infosource website (<http://www.infosource.gc.ca/>) and through the Citizenship and Immigration Canada website (<http://www.cic.gc.ca/english/department/atip/index.asp>). Infosource is also available at Public Libraries across Canada.

G - DECLARATION OF APPLICANT

 **IMPORTANT: YOU MUST READ AND SIGN THIS SECTION**

- I have read and understand the above Notice Regarding Personal Information.
- I declare that the information I have given in this application is truthful, complete and correct.
- I understand that misrepresentation is an offence under section 127 of the *Immigration and Refugee Protection Act* and may result in a finding of inadmissibility to Canada or removal from Canada.



Signature

Date

Year	Month	Day



# USE OF A REPRESENTATIVE

You do not need to hire an immigration representative, it is your choice. No one can guarantee the approval of your application. All the forms and information that you need to apply are available free at [www.cic.gc.ca](http://www.cic.gc.ca).

A representative is someone who has provided advice or guidance to you prior to submitting your application and/or someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and the Canada Border Services Agency (CBSA). You may have **one** representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

- I am:  appointing a representative. **Complete Sections A, B and D.**  
 cancelling the appointment of a representative. **Complete Section A, C and D.**

## SECTION A: APPLICANT INFORMATION

**1. Your full name**

Family name (Surname)

Given name(s)

  


**2. Your date of birth**

Day	Month	Year

**3. If you have already submitted your application:**

Name of office where the application was submitted

Location of office

Type of application  
(permanent residence, extension of study permit, etc.)

**4. Your Citizenship and Immigration Canada Identification number (if known)**

Client Identification (ID) or  
Unique Client Identifier (UCI) number

## SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.
- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

**5. Your representative's full name**

Family name (Surname)

Given name(s)

  


**6. Your representative: (choose one)**

is UNPAID and is a:

- family member or friend
- member of a non-governmental or religious organization
- member of the Immigration Consultants of Canada Regulatory Council (ICCRC), a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*.
- other

is or will be PAID and is a member in good standing of:

- the Immigration Consultants of Canada Regulatory Council (ICCRC)
  - ▶ Membership ID number
- a Canadian provincial or territorial law society
  - ▶ Which province or territory?
  - ▶ Membership ID number
- the *Chambre des notaires du Québec*
  - ▶ Membership ID number

**7. Your representative's contact information**

Name of firm or organization (if applicable)			
Mailing address			
Postal code/ZIP			
Telephone number	Country code	Area code	Number
	(       )	(       )	
Fax number	Country code	Area code	Number
	(       )	(       )	
E-mail address (if applicable)			

By indicating your representative's e-mail address, you are hereby authorizing Citizenship and Immigration Canada to transmit your file and personal information to this specific e-mail address.

**8. Your representative's declaration:**

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

Signature of representative

Date

Day	Month	Year

**SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE**

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

**9. Your representative's full name**

Family name (Surname)

Given name(s)

  

Name of firm or organization  
(if applicable)
**SECTION D: YOUR DECLARATION****10.**

- I declare that the information I have given is truthful, complete and correct.
- I understand all the foregoing statements, having asked for and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date

Day	Month	Year

Signature of spouse or common-law partner  
(if applicable)

Date

Day	Month	Year

**Warning!** It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at [infosource.gc.ca](http://infosource.gc.ca) and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**



# STATUTORY DECLARATION OF COMMON-LAW UNION

BEFORE YOU START, READ THE INSTRUCTION GUIDE. TYPE or PRINT in black ink.

**(IF APPLICABLE)**

Country	Province/State/Territory
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In the matter of an application made pursuant to the *Immigration and Refugee Protection Act and Regulations* and in the matter of common-law union,

We, \_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_ (name of declarant) (name of declarant's partner)

\_\_\_\_\_, county of \_\_\_\_\_ in \_\_\_\_\_ in the country of \_\_\_\_\_ (name of city, town, village) (if applicable) (name of province, state, territory)

\_\_\_\_\_, solemnly declare that we have cohabited in a conjugal relationship for \_\_\_\_\_ continuous year(s) from \_\_\_\_\_ (name of country)

\_\_\_\_\_ to \_\_\_\_\_ .  
Year Month Day      Year Month Day

<p><b>1</b> My common-law partner and I:</p> <p>a) Have jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both live.  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>b) Jointly own property other than our residence.  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>c) Have joint bank, trust, credit union or charge card accounts.  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>d) Have declared our common-law union under the <i>Canadian Income Tax Act</i>. (T-1 "General - Individual Income Tax Return")  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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<p><b>2</b> I have life insurance on myself which names my common-law partner as beneficiary.   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>3</b> My common-law partner has life insurance on him/herself which names me as beneficiary.   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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**4** If none of the above sections applies, what other documentary evidence do you have that would indicate your relationship as common-law partners?

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**5 SOLEMN DECLARATION**

We make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Name of declarant	Signature of declarant
Name of declarant's partner	Signature of declarant's partner
Declared before me at (City, Town, Village)	Commissioner of Oaths (Name)
county of	Signature of Commissioner of Oaths
in the province/state/territory of _____ in (country)	
this _____ day of _____ of the year _____	

Information to be provided on the Statutory Declaration of Common-law Union is collected under the authority of the *Immigration and Refugee Protection Act* and is required to determine your eligibility or that of your partner with respect to an application for sponsorship, an application for permanent residence or an application for temporary residence. It may be used to enforce any provisions of the Act or its regulations and may be provided to provincial authorities pursuant to federal/provincial information exchange agreements. Information you provide on this form will be stored in Personal Information Banks CIC PPU 013 (Sponsors of immigrants), CIC PPU 015 (Immigration case files), CIC PPU 051 (Foreign students records and case file), CIC PPU 053 (Permanent resident data system), CIC PPU 054 (Foreign workers records and case file). It is protected and accessible under the provisions of the *Privacy Act* and the *Access to Information Act*. Instructions for obtaining information are provided in InfoSource, a copy of which is located in all Citizenship and Immigration offices.



# DOCUMENT CHECKLIST - VISITOR

The documents you need to attach to your application are detailed on this form. If any of the required documents are missing, your application form may be returned or refused. **Do not submit original documents unless instructed to do so. Original documents will not be returned.**

All documents in a language other than English or French must be translated. Provide both a photocopy of the document and the translation in English or French.

**Important:** If you are also applying for student or worker services, you **must** also include the fees and documents required to assess your application for these services. Consult the appropriate guide for student or worker requirements.

**I have enclosed the following items:**

Put an "X" in the box when you have enclosed the item

**ALL APPLICANTS**

- Completed "Application to Change Conditions, Extend My Stay or Remain in Canada" (IMM 1249) \_\_\_\_\_
- Completed Document Checklist (IMM 5558) \_\_\_\_\_
- Stamped Receipt (IMM 5401) \_\_\_\_\_
- Use of a Representative (IMM 5476), if applicable \_\_\_\_\_
- Statutory Declaration of Common-law Union (IMM 5409), if applicable \_\_\_\_\_
- Photocopy of your Marriage Certificate, if applicable \_\_\_\_\_

**In addition to the above noted documents, you must also include any other information required for the service you are requesting.**

- PHOTOCOPIES of passport pages clearly showing the passport number, the dates of issue and expiry, name and date of birth, the stamp made by Canadian authorities on your most recent entry into Canada and any other marked pages \_\_\_\_\_
- PHOTOCOPIES of your travel or identity document (citizenship certificates, birth certificates, alien registration cards etc.) if you did not use a passport to enter Canada \_\_\_\_\_
- PHOTOCOPY of your current immigration document (if you have one) \_\_\_\_\_
- Proof of means of support, as specified \_\_\_\_\_
- PHOTOCOPY of your valid return ticket (if you have one) \_\_\_\_\_

**DOCUMENTS FOR PARENTS AND GRANDPARENTS - AUTHORIZED PERIOD OF EXTENDED STAY**

- A Letter of invitation from your child or grandchild residing in Canada \_\_\_\_\_
- One of the following documents to prove that your child or grandchild meets the Low Income Cut-Off (LICO) minimum \_\_\_\_\_ 
  - Most recent copy of the *Notice of Assessment* or Option C printout,
  - Most recent copy of the T4 or T1,
  - Original letter from employer stating title, job description and salary,
  - Employment insurance pay stubs,
  - If self-employed, a letter from an accountant confirming their annual income,
  - Proof of other sources of income (pension statement, investments, etc.).

**Note:** Your child or grandchild may obtain an Option C printout free of charge by contacting the Canadian Revenue Agency (CRA) at 1-800-959-8281.

- Proof of parental relationship to your child or grandchild (copy of birth certificate, baptismal certificate or other official documents naming you as parent) \_\_\_\_\_
- Proof of medical insurance coverage for one year with a Canadian insurance company (copy of the insurance certificate or policy) \_\_\_\_\_

### **RESTORATION OF TEMPORARY RESIDENT STATUS**

For each person included in the application:

- PHOTOCOPIES of passport pages clearly showing the passport number, the dates of issue and expiry, name and date of birth, the stamp made by Canadian authorities on your most recent entry into Canada and any other marked pages \_\_\_\_\_
- PHOTOCOPY of your current immigration document (if you have one) \_\_\_\_\_
- Documents related to your loss of status \_\_\_\_\_

#### **MAILING ADDRESSES**

##### **Visitor extension:**

CPC - Vegreville  
**Visitor and Temporary Resident Permit**  
 6212 - 55th Avenue, Unit 303  
 Vegreville, AB  
 T9C 1W1

##### **For parents and grandparents - Authorized Period of Extended Stay:**

CPC - Vegreville  
**Parents and Grandparents - Extended Stay**  
 6212 - 55th Avenue, Unit 444  
 Vegreville, AB  
 T9C 1W1