

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 OUTSIDE CANADA

## SERVICE ORDER FORM

### INSTRUCTIONS

- 1) Please complete the temporary resident visa application, the use of a representative (IMM5476E) forms and all other applicable forms.
- 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, include proof of the upcoming wedding. If you are common-law, complete the statutory declaration attached.
- 3) Include two passport-sized photos with your name and signature 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, ENGAGEMENT OR COMMON-LAW RELATIONSHIP**
- EVIDENCE OF FINANCIAL SUPPORT**
- THIS ORDER FORM & ATTACHED CHECKLIST**

APPLICATIONS MISSING THIS ORDER FORM WILL NOT BE PROCESSED

### SERVICE FEES & OPTIONS

#### FULL SERVICE

- Includes review and submission.

**\$565** Includes:

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

#### REVIEW ONLY

- Includes review of application only.

**\$282.50** includes:

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

**GOVERNMENT FEE: \$200**

This is an application for a TRP for inland sponsorship ONLY

### PROCESSING TIME

2-18 WEEKS

(Wait times vary depending on at which office or port of entry you apply. They are determined 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:

Applicant Name	Date of Birth
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## APPLICATION FOR TEMPORARY RESIDENT VISA MADE OUTSIDE OF CANADA

<b>1</b> UCI	<b>2</b> I want service in	<b>3</b> Visa requested	<b>OFFICE USE ONLY</b> Validated
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**PERSONAL DETAILS**

<b>1 Full name</b> Family name (as shown on your passport or travel document)		Given name(s) (as shown on your passport or travel document)		
<b>2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ?</b> Family name		<input type="checkbox"/> No <input type="checkbox"/> Yes Given name(s)		
<b>3 Sex</b>	<b>4 Date of birth</b> YYYY <span style="border: 2px solid red; padding: 2px;">MM</span> DD	<b>5 Place of birth</b> City/Town Country		
<b>6 Citizenship</b>				
<b>7 Current country of residence:</b>				
Country	Status	Other	From YYYY-MM-DD	To YYYY-MM-DD
<b>8 Previous countries of residence:</b> During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Country	Status	Other	From YYYY-MM-DD	To YYYY-MM-DD
<b>9 Country where applying:</b> Same as current country of residence? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Country	Status	Other	From YYYY-MM-DD	To YYYY-MM-DD
<b>10 a) Your current marital status</b>		<b>b) (If you are married or in a common-law relationship)</b> Provide the date on which you were married or entered into the common-law relationship <span style="float: right;">▶</span>		Date YYYY-MM-DD
<b>c) Provide the name of your current Spouse/Common-law partner</b> Family name		Given name(s)		

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name	Date of Birth
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**PERSONAL DETAILS (CONTINUED)**

<b>11 Have you previously been married or in a common-law relationship?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Provide the following details for your previous Spouse/Common-law Partner:		
Family name	Given name(s)	
Type of relationship	From YYYY-MM-DD	To YYYY-MM-DD

**PASSPORT**

<b>1</b> Passport number	<b>2</b> Country of issue	<b>3</b> Issue date YYYY-MM-DD	<b>4</b> Expiry date YYYY-MM-DD
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**CONTACT INFORMATION**

<b>1 Current mailing address</b> - All correspondence will go to this address unless you indicate your e-mail address below. - Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify. - If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.					
P.O. box	Apt/Unit	Street no.	Street name		
City/Town	Country	Province/State	Postal code	District	
<b>2 Residential address</b> Same as mailing address? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Apt/Unit	Street no.	Street name			City/Town
Country	Province/State	Postal code	District		
<b>3 Telephone no.</b> Canada/US Other Type Country Code No. Ext.			<b>4 Alternate Telephone no.</b> Canada/US Other Type Country Code No. Ext.		
<b>5 Fax no.</b> Canada/US Other Country Code No. Ext.			<b>6 E-mail address</b>		

**DETAILS OF VISIT TO CANADA**

<b>1 a) Purpose of my visit</b>		<b>b) Other</b>	
<b>2</b> Indicate how long you plan to stay	From YYYY-MM-DD	To YYYY-MM-DD	<b>3</b> Funds available for my stay (CAD)
<b>4 Name, address and relationship of any person(s) or institution(s) I will visit:</b>			
<b>1</b>	Name		
	Relationship to me	Address in Canada	
<b>2</b>	Name		
	Relationship to me	Address in Canada	

Applicant Name	Date of Birth
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**EDUCATION**

Have you had any post secondary education (including university, college or apprenticeship training)?  No  Yes

If you answered "yes", give full details of your highest level of post secondary education.

<b>1</b>	From	Field of study	School/Facility name	
	YYYY MM	To	City/Town	Country
	YYYY MM		Province/State	

**EMPLOYMENT**

Give details of your employment for the past 10 years. If retired, not working, or studying, please indicate. If you are retired, provide the 10 years before your retirement.

<b>1</b>	From	Current Activity/Occupation	Company/Employer/Facility name	
	YYYY MM	To	City/Town	Country
	YYYY MM		Province/State	
<b>2</b>	From	Previous Activity/Occupation	Company/Employer/Facility name	
	YYYY MM	To	City/Town	Country
	YYYY MM		Province/State	
<b>3</b>	From	Previous Activity/Occupation	Company/Employer/Facility name	
	YYYY MM	To	City/Town	Country
	YYYY MM		Province/State	

**BACKGROUND INFORMATION**

You must complete this section if you are 18 years of age or older.

<b>1</b>	<p>a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>2</b>	<p>a) Have you ever previously applied for any Canadian visas (For example: Permanent Resident, Temporary Resident (Visitor, Student, Worker), Temporary Resident Permit)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) Have you ever been refused any kind of visa to travel to Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) Have you ever been refused admission or been ordered to leave Canada or any other country? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>d) If you answered "yes" to question 2a), 2b), or 2c) please provide details.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

Applicant Name	Date of Birth
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**BACKGROUND INFORMATION (CONTINUED)**

<b>3</b>	Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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<b>4</b>	a) Have you ever been in a military, militia or civil defence unit or the police?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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b) If you answered "yes" to question 4a), please provide dates of service and countries where you served.

<b>5</b>	Have you ever been employed by a government in a security-related capacity?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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<b>6</b>	Have you ever held a position of authority in any government, or judiciary or a political party?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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<b>7</b>	Have you ever in periods of either peace or war, been involved in the commission of a war crime or crime against humanity, such as: willful killing, torture, attacks upon, enslavement, starvation or other inhumane acts committed against civilians or prisoners of war, or deportation of civilians?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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**If you answered "yes" to any of questions 3 to 7 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.**

I consent to the release to Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

\_\_\_\_\_  
Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

\_\_\_\_\_  
Date: YYYY-MM-DD



**IMPORTANT NOTE:**

**This application must be signed and dated before it is submitted.**

Do not forget to include: photos, fees (if applicable), and any other documents required by the visa office.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as a visitor. It will be stored in Personal Information Bank CIC PPU 055, Visitor Case file. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS) and foreign governments in accordance with the subsection 8(2) of the *Privacy Act*. In accordance with the *Privacy Act* and the *Access to Information Act* individuals have a right to protection of and access to their personal information. Details on these matters are available at the Infosource website (<http://infosource.gc.ca>) and through the Citizenship and Immigration Canada Call Centre. Infosource is also available at public libraries across Canada.



**2. C) Did you ever participate in any form of combat?**  
**Avez-vous déjà participé à des combats, sous quelque forme que ce soit?**

No / Non  Yes / Oui **▶ Give details, including dates and locations.**  
**▶ Veuillez fournir plus de détails, y compris les dates et les lieux.**

From - De Y - A M	To - À Y - A M	Location - Lieu	Details - Détails

**D) Why did your service end?**  
**Pourquoi votre service a-t-il pris fin?**

Completed service / Service terminé  Deserted / Désertion  
 Medical problems / Problèmes médicaux  Other (please specify) / Autre (veuillez spécifier) **▶**

**3. Have you ever witnessed or participated in ill treatment of prisoners or civilians, looting or desecration of religious buildings?**  
**Avez-vous déjà assisté ou participé à de mauvais traitements infligés à des prisonniers ou à des civils, à des actes de pillage ou à la profanation d'édifices religieux?**

No / Non  Yes / Oui **▶ Provide details of the circumstances below.**  
**▶ Veuillez fournir des détails sur les circonstances ci-dessous.**

Date Y - A M	Location - Lieu	Details - Détails

**4. Were you ever a member of a political party or other group or organization?**  
**Avez-vous déjà été membre d'un parti politique ou d'un autre groupe ou organisation?**

No / Non  Yes / Oui **▶ Give details of organizations you have supported, been a member of or been associated with. Include any political, social, youth or student organization, trade unions, professional associations. Do not use abbreviations.**  
**▶ Veuillez fournir des détails sur les organisations que vous avez appuyées, dont vous avez été membre ou avec lesquelles vous avez entretenu des liens. N'oubliez pas les organisations politiques ou sociales, les regroupements de jeunes ou d'étudiants, les syndicats et les associations professionnelles. N'utilisez aucune abréviation.**

From - De Y - A M	To - À Y - A M	Name of organization Nom de l'organisation	Type of organization Genre d'organisation	Activities and/or positions held within organization Activités et/ou poste(s) au sein de l'organisation	City and country Ville et pays

**5. Have you ever held a government position?**  
**Avez-vous déjà occupé un poste au sein d'un gouvernement?**

No / Non  Yes / Oui **▶ If you have held a position in any government, judiciary or state enterprise (e.g., mayor, member of parliament, counsellor, judge, managing director, etc.) or have ever been employed by a government, the judiciary or political party in a position of responsibility or supervision (e.g., hospital administrator, police officer, elections official, civil servant, etc.), provide details below (do not use abbreviations).**  
**▶ Si vous avez occupé un poste au sein d'un gouvernement, de l'appareil judiciaire ou d'une entreprise d'État (p. ex., maire, député, conseiller, juge, directeur général, etc.) ou si vous avez déjà été à l'emploi d'un gouvernement, de l'appareil judiciaire ou d'un parti politique et que vous occupez un poste où vous deviez vous acquitter de certaines responsabilités ou de fonctions de supervision (p. ex., directeur général d'un hôpital, agent de police, fonctionnaire électoral, etc.), veuillez fournir des détails ci-dessous (n'utilisez pas d'abréviations).**

From - De Y - A M	To - À Y - A M	Country and level of jurisdiction (e.g. national, regional, municipal) Pays et niveau d'administration (p. ex., national, régional, municipal)	Department/Branch and city Ministère/direction générale et ville	Activities and/or positions held Activités et/ou poste(s) occupé(s)

6. **Have you or an accompanying family member ever committed, been arrested for or been charged with any criminal offence in any country?**  
**Est-ce que vous-même ou un des membres de votre famille qui vous accompagne avez déjà commis ou été arrêté pour avoir commis ou été accusé d'avoir commis une infraction pénale quelconque dans n'importe quel pays?**

No / Non     Yes / Oui    ► If you answered "yes" provide details and the name of the family member (if applicable).  
 Si vous avez répondu « oui », veuillez fournir des détails et le nom de membre de la famille (s'il y a lieu).

**7. Declaration**

I (your full name), ,  
 declare that all of the above statements are true, complete and correct, and I  
 make this declaration knowing that it is of the same effect as if made before a  
 court of law.

Signature

► Signature of applicant or parent/legal guardian's for a person under 18 years of age.  
 Signature du demandeur ou du parent/tuteur légal pour une personne âgée de moins de 18 ans.

**Déclaration**

Je (votre nom au long), ,  
 déclare que tous les énoncés ci dessus sont véridiques, exhaustifs et justes, et je  
 fais cette déclaration en toute connaissance de cause, sachant qu'elle a la même  
 valeur que si elle était faite devant un tribunal.

Date 

Y - A	M	D - J

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used for the purpose of 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.

Les renseignements fournis dans ce formulaire sont recueillis en vertu de la *Loi sur l'immigration et la protection des réfugiés* et seront utilisés afin d'évaluer votre demande conformément aux critères prévus dans la Loi. Ils seront conservés dans une banque de renseignements personnels tel qu'indiquée dans Infosource et pourront être communiqués à d'autres organisations conformément au principe d'usage compatible de l'information en vertu de la *Loi sur la protection des renseignements personnels* et de la *Loi sur l'accès à l'information*, les personnes ont le droit de s'attendre à ce que leurs renseignements personnels soient protégés et d'y avoir accès. Il est possible d'obtenir plus d'information à ce sujet en visitant le site [infosource.gc.ca](http://infosource.gc.ca) ou en communiquant avec le télécentre de la citoyenneté et de l'immigration. On peut aussi accéder à Infosource à partir des bibliothèques publiques du Canada.



# 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.

# FAMILY INFORMATION

Type of application:  Visitor  Worker  Student  Other

Complete **ALL** names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). Include **ALL** family members even if they are not accompanying you. If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

**BEFORE YOU START, READ THE INSTRUCTION GUIDE, TYPE OR PRINT IN BLACK INK.**

## SECTION A

Full name	Relationship SEE NOTE 1	Date of birth Y M D		Marital status	Present address (If deceased give city and date)	Will accompany you to Canada?	
		Country of birth			Present occupation	YES	NO
	APPLICANT						
	SPOUSE OR COMMON-LAW PARTNER					<input type="checkbox"/>	<input type="checkbox"/>
	MOTHER					<input type="checkbox"/>	<input type="checkbox"/>
	FATHER					<input type="checkbox"/>	<input type="checkbox"/>

**NOTE 1: If no spouse or common-law partner is listed in Section A, read and sign below.**

I certify that I do not have a spouse or a common-law partner. 

Signature: \_\_\_\_\_


Date: 

Year	Month	Day

## SECTION B CHILDREN (Include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)

Full name	Relationship SEE NOTE 2	Date of birth Y M D		Marital status	Present address (If deceased give city and date)	Will accompany you to Canada?	
		Country of birth			Present occupation	YES	NO
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**NOTE 2: If no children are listed in Section B, read and sign below.**

I certify that I do not have any children, either natural or adopted. 

Signature: \_\_\_\_\_

Date: 

Year	Month	Day

**SECTION C BROTHERS AND SISTERS (Include ALL brothers and sisters, ALL half-brother and sister and stepbrother and sister.)**

Full name	Relationship	Date of birth			Marital status	Present address (If deceased give city and date)	Present occupation	Will accompany you to Canada?	
		Y	M	D				YES	NO
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

**SECTION D CERTIFICATION**

I certify that the information contained on this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.

Signature: \_\_\_\_\_ Date: 

Year	Month	Day
_ _	_	_

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as a temporary resident. It will be stored in Personal Information Bank CIC PPU 055, Visitor Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.



# 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.**



# DOCUMENT CHECKLIST

## FOR A TEMPORARY RESIDENT VISA

This document checklist is one of the forms that you need to submit with your application.

If your documents are in a language other than English or French, check with the responsible visa office for your region to determine whether they need to be translated.

If any of the required documents listed below are missing, your application may be returned.

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

**I have enclosed the following items:**

- Completed *Application for a Temporary Resident Visa made Outside of Canada* (IMM 5257) \_\_\_\_\_
- Note:** If this application form is completed electronically, place the barcode page (page 5 of 5) on the top of each individual application package.
- Completed *Family Information* (IMM 5645), if applicable \_\_\_\_\_
- Note:** Complete this form **only** if it is required by the responsible visa office for your region.
- Completed *Application for Temporary Resident Visa made Outside of Canada* (IMM 5257 - Schedule 1), if applicable \_\_\_\_\_
- *Statutory Declaration of Common-law Union* (IMM 5409), if applicable \_\_\_\_\_
- *Use of a Representative* (IMM 5476), if applicable \_\_\_\_\_
- Fee payment in an acceptable format. Verify acceptable methods of payment with the visa office responsible for your area \_\_\_\_\_
- Note:** Visa offices do not accept payment receipts from Canadian banks.
- Valid passport (there must be one completely blank page other than the last page, available in each passport) \_\_\_\_\_
- **Two photos** meeting the requirements of *Appendix A - Photo Specifications*. On the back of the two photos, write your name and date of birth \_\_\_\_\_
- Photocopy of your current immigration document, if applicable \_\_\_\_\_   
(e.g. study permit, work permit or temporary resident permit)
- Proof of financial support \_\_\_\_\_
- **Photocopy** of your valid return ticket and/or travel itinerary, if applicable \_\_\_\_\_
- Any additional documents required by the responsible visa office \_\_\_\_\_

**REQUIRED DOCUMENTS FOR PARENTS AND GRANDPARENTS SUPER VISA**

- 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 document naming you as parent) \_\_\_\_\_
- Proof of medical insurance coverage for one year with a Canadian insurance company (copy of the insurance certificate or policy) \_\_\_\_\_