



Dear Applicant,

Thank you for your purchase of our “Certified Copy of your Record of Landing kit”. Kindly read the following instructions before completing the attached forms.

Please find the required forms for applying for a Certified Copy of your Record of Landing:

1. Verification of Entry form;
2. Supplementary identification form;
3. Use of Representative form.

Please complete and sign the application forms.

You will also need to make photocopies of the following documents to attach to the application:

4. A photocopy of the Pages of your current passport or (the passport you became landed with) that shows your full name, profile information, date of issue, date of expiry, passport number (and the stamp indicating the date and place of entry);
5. A photocopy of the front and back of your driver's licence;
6. A photocopy of the front and back of your Health Card;
7. A photocopy of the front and back of your Canadian Citizenship Card;
8. A photocopy of any other piece of identification (issued by a federal or provincial authority) bearing your photograph.

NOTE: If you are missing any of the above pieces of ID please call us to discuss what other documents can be used. You can reach us toll-free at 1-866-760-2623.

Once ready, you must fax all forms to us at 416-640-2650 for a review. Once we have reviewed your application by fax, we will give you a call to discuss your case and confirm that everything is in order. At that point you can mail your package to us at the address listed below.

Please do not hesitate to call us if you have any questions.

Thank you

Immigroup
1180 Danforth Ave
Toronto, ON M4J 1M3
Tel: 416-962-2623
Toll free: 1-866-760-2623
Fax: 416-640-2650
<http://www.immigroup.com>



**VERIFICATION OF ENTRY
VÉRIFICATION DE L'ENTRÉE**

PART A CLIENT DETAILS

PARTIE A RENSEIGNEMENTS CONCERNANT LE CLIENT

Surname (on entry) - Nom de famille (à l'entrée)		Given name(s) - Prénom(s)		FOSS ID no. - N° d'ID SSOBL		Sex - Sexe <input type="checkbox"/> Male / Homme <input type="checkbox"/> Female / Femme	
Date of birth / Date de naissance D - J M Y - A		Place and country of birth - Lieu et pays de naissance					
Surname (at present) - Nom de famille (actuel)		Given name(s) - Prénom(s)		Home telephone no. - N° de téléphone à la maison Area code / Ind. rég.			
Address - Adresse		Apt. - App.		Telephone no. at work - N° de téléphone au travail Area code / Ind. rég.			
City - Ville		Province		Postal code - Code postal			
Accompanying family members - Membres de la famille qui ont accompagné l'intéressé		Date of entry for permanent residence / Date d'entrée aux fins de la résidence permanente D - J M Y - A		Canadian port of entry - Point d'entrée au Canada			
Names - Noms		Relationship - Lien de parenté		Name of vehicle - Nom du transporteur			

The information provided on this form is collected under the authority of the *Immigration and Refugee Protection Act* for the purpose of verifying your status in Canada. This information will be stored in Personal Information Bank number CIC PPU 053 and you have the right of access to it and to its protection under the *Privacy Act*.

Les renseignements fournis dans le présent formulaire sont recueillis en vertu de la *Loi sur l'immigration et la protection des réfugiés* aux fins de confirmer votre statut au Canada. Les renseignements seront versés dans le fichier de renseignements personnels CIC PPU 053. Vous avez le droit de les consulter et ils sont protégés en vertu de la *Loi sur la protection des renseignements personnels*.

PART B OFFICE USE ONLY

PARTIE B RÉSERVÉ

Cost recovery - État de recouvrement des frais <input type="checkbox"/> Fee paid / Droit acquitté Receipt no. / N° du reçu <input type="checkbox"/> Exempt / Dispensé(e) Reason / Raison	
Certification required / No documents on file - Attestation requise / Aucun document au dossier <input type="checkbox"/> No permanent resident status document / Aucune attestation du statut du résident permanent <input type="checkbox"/> Grant of status by the Minister / Octroi de statut par le Ministre <input type="checkbox"/> No issuance of a temporary resident visa / Aucune délivrance d'un visa de résident temporaire <input type="checkbox"/> No issuance of a work or study permit / Aucune délivrance d'un permis de travail ou d'études <input type="checkbox"/> Not authorized for the purpose of subsection 36(1) / Non autorisé aux fins du paragraphe 36(1) <input type="checkbox"/> Not authorized for the purpose of subsection 36(2) / Non autorisé aux fins du paragraphe 36(2)	
Documents required - Documents exigés <input type="checkbox"/> IMM 0056 Certificate of Departure / Attestation de départ <input type="checkbox"/> IMM 1000 Immigrant Visa and Record of Landing / Visa d'immigrant et fiche relative au droit d'établissement <input type="checkbox"/> IMM 1097 Visitor Record / Fiche du visiteur <input type="checkbox"/> IMM 1263 Permit to come into or remain in Canada / The <i>Immigration and Refugee Protection Act</i> , Section 24. / Permis pour entrer au Canada ou y demeurer / Article 24 de la <i>Loi sur l'immigration et la protection des réfugiés</i> <input type="checkbox"/> IMM 1203 Authorization to return to Canada pursuant to Section 52(1) of the <i>Immigration and Refugee Protection Act</i> / Autorisation de revenir au Canada en application du paragraphe 52(1) de la <i>Loi sur l'immigration et la protection des réfugiés</i> <input type="checkbox"/> IMM 1102 Work Permit / Permis de travail <input type="checkbox"/> IMM 1208 Study Permit / Permis d'études <input type="checkbox"/> IMM 1214 Exclusion Order / Mesure d'exclusion <input type="checkbox"/> IMM 1215 Deportation Order / Mesure d'expulsion <input type="checkbox"/> IMM 5238 Departure Order / Mesure d'interdiction de séjour <input type="checkbox"/> IMM 5292 Confirmation of Permanent Residence / Confirmation de résidence permanente	

TO BE COMPLETED WHEN QUERY SUBMITTED BY MAIL

REMPILIR LORSQUE LA DEMANDE EST ENVOYÉE PAR LA POSTE

FOSS queried / SSOBL interrogé <input type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non		ID verified / Ident. vérifiée <input type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non		Micro no. - N° du micro.	
Mail verification of entry to: / Envoyer par la poste la vérification de l'entrée au :		<input type="checkbox"/> Client <input type="checkbox"/> CIC			
Office - Bureau		CIC file - N° de dossier du CIC		NHQ file - N° de dossier de l'AC	
Date submitted - Présentée le D - J M Y - A		QRC respondent - Répondant au CDR		Date returned - Renvoyée le D - J M Y - A	
Name of Officer - Nom de l'agent		Remarks / Reason(s) for request (e.g. lost or stolen document, etc.) / Observations / Motif(s) de la demande (p. ex. document perdu ou volé, etc.)			



SUPPLEMENTARY FORM

(To be completed and returned with the application)

Full name

Family name

Given name(s)

This form must be completed and attached with your application.

1. What type of request are you making?

Certified true copy Correction of a Document Replacement of a Document

2. Please specify the type of immigration document of which you need a replacement copy or certified true copy.

Certificate of Departure

Visitor Record

Work Permit

Authorization to Return to Canada Pursuant to Section 52(1) of the *Immigration and Refugee Protection Act*

Study Permit

Exclusion Order

Deportation Order

Departure Order

Permit to Come Into or Remain in Canada - The *Immigration and Refugee Protection Act*, Section 24

Immigrant Visa and Record of Landing/Confirmation of Permanent Residence

3. Was your original immigration document

Lost Stolen Destroyed Other

Provide details. If applicable, include a police report number.

4. If you are requesting a certified true copy of an Immigrant Visa and Record of Landing/Confirmation of a Permanent Residence have you applied for a certified true copy before?

No

Yes ► When did you apply?

Day | Month | Year

5. If you are applying for a certified true copy of an Immigrant Visa and Record of Landing/Confirmation of Permanent Residence and you are not a Canadian citizen, have you, since your admission to Canada as a permanent resident, been convicted of a crime or offence in Canada or elsewhere?

No

Yes ► Attach copies of the pertinent court documents.

6. If you are requesting correction what is the error that requires correction?
(A request to correct your name or date of birth **must** include copies of supporting documents. You must send a certified translation of all documents in a language other than English or French, along with a copy of the original.)

DECLARATION

I solemnly declare that the information I have provided is, to the best of my knowledge, complete and accurate. I authorize the department of Citizenship and Immigration Canada to verify the information I have provided. If I am requesting a replacement document and should I ever regain possession of the original document, I promise to return it immediately to Citizenship and Immigration Canada.

Applicant's signature

Date

The information you have provided is protected and accessible under the provisions of the *Privacy Act* and the *Access to Information Act*.





USE OF A REPRESENTATIVE

A representative is someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and 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.

Your dependent children aged 18 years or older must complete their own copy of this form if they have a representative.

- 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 Canadian Society of Immigration Consultants, 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 Canadian Society of Immigration Consultants (CSIC)

 ▶ 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)			

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 and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**