

IMM1000/RECORD OF LANDING - Verification of Status

IMMIGROUP ORDER FORM

INSTRUCTIONS

Read all instructions and follow carefully

1. Please complete the order form and application forms included herein. Make sure to include your telephone number and email address where you can be contacted.
2. Fax or scan and email all forms and documents in the document checklist to our office for review at **416-640-2650** or info@immigroup.com.
3. You will be contacted within 1-2 business days regarding your application. **If you have not been contacted after 2 business days, please contact our office at 1-866-760-2623 to confirm we have received your order.**
4. After we have reviewed your forms and documents, we will advise you to send the original forms and copies of documents to our office at
2558 Danforth Avenue, Suite 202, Toronto, ON, M4C1L3
5. You will receive your Verification of Status document by email (or regular mail if you do not have access to email).

PLEASE NOTE THAT CIC NO LONGER ISSUES CERTIFIED TRUE COPIES OF DOCUMENTS AS OF SEPTEMBER 12, 2012; ONLY AN UNCERTIFIED DOCUMENT WILL BE ISSUED.

APPLICATIONS MISSING THIS ORDER FORM WILL NOT BE PROCESSED.

DOCUMENT CHECKLIST

- IMMIGROUP ORDER FORM**
- APPLICATION FORM IMM5009**
(duly completed and signed)
- COPY OF PASSPORT USED AT TIME OF LANDING**
If you do not have this passport, send a copy of your current valid passport.
- COPY OF DRIVER'S LICENSE (or other photo ID)**
- COPY OF BIRTH CERTIFICATE**
(with translation if document is not in English or French)
- COPY OF CANADIAN CITIZENSHIP CERTIFICATE** (if applicable)
- COPY OF MARRIAGE CERTIFICATE**
If you have been married since landing in Canada, you must provide a copy of your marriage certificate.
If applicable, include:
 - PROOF OF URGENCY**
(written proof from Service Canada that your application will be closed or your benefits will be lost without your IMM 1000)

ADDITIONAL DOCUMENTATION MAY BE REQUESTED. IF YOU DO NOT HAVE ALL OF THE DOCUMENTS, SEND WHAT YOU HAVE AND WE WILL ADVISE YOU.

REGULAR SERVICE

Total fees:

\$206.90

Including:
Immigroup Fee: \$130
HST: 16.90
Government Fee: \$30
Courier Fee: \$30

Processing Time: 6 months (subject to change without notice)

URGENT SERVICE

Total fees:

\$342.50

Including:
Immigroup Fee: \$250
HST: 32.50
Government Fee: \$30
Courier Fee: \$30

Processing Time: 30 - 45 days (subject to change without notice)

CREDIT CARD INFORMATION

Applicant Name

Cardholder Name

Card Number

Expiry Date

CVV Code

Cardholder
Signature

DISCLAIMER

Applicant must sign below

* By signing below I assert that I have read and agreed to the terms and conditions as listed on <http://www.immigroup.com/disclaimer.php> and agree to the following conditions:

* Immigroup Inc is not responsible for documents or passports lost by courier companies or any government office.

* Immigroup Inc is not responsible for applications that are rejected.

* All fees are non-refundable once applications are submitted to the government.

* I agree to being charged the total fees corresponding with my required service

* I understand that the cancellation of this service after my order is received by Immigroup will bear a minimum cancellation fee of \$42.50

* I assert that I am applying for my Verification of Status using Immigroup as my representative

Signature



VERIFICATION OF STATUS (VOS) OR REPLACEMENT OF AN IMMIGRATION DOCUMENT

(To be completed and returned with the application checklist)

1 Client ID number/UCI				
2 Surname (Family name) on entry		3 Given name(s) on entry		
4 Current surname (if different from name on entry)		5 Current given name (if different from name on entry)		6 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
7 Date of birth YYYY-MM-DD		8 Place of birth (City, state/province and country)		9 Citizenship
10 Passport number		Indicate if: <input type="checkbox"/> On entry <input type="checkbox"/> Current		11 Date of issue YYYY-MM-DD
				12 Expiry date YYYY-MM-DD
13 Marital status on entry				
<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
14 Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French				
15 Current mailing address				
P.O. box	Apt./Unit	Street no.	Street name	
City/Town	Country		Province/State	Postal code
			District	
16 Residential address 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
17 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				
18 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				
Type	Country Code	No.	Ext.	Type
19 E-mail address: (Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.)				

PART B - DOCUMENTS REQUESTED

1 What type of request are you making? <input type="checkbox"/> Verification of Status <input type="checkbox"/> Replacement of a valid temporary resident document		
2 Immigration document Date of Issue YYYY-MM-DD		3 Canadian port of entry - Place of issue
4 Indicate for which of the following you need a replacement copy or a Verification of Status document. If you have more than one valid temporary resident document, indicate the document ID number or if unknown, the document issue and expiry date of the requested document.		
<input type="checkbox"/> Immigrant Visa and Record of Landing - Confirmation of Permanent Residence	<input type="checkbox"/> Exclusion Order	<input type="checkbox"/> Departure Order
<input type="checkbox"/> Authorization to Return to Canada	<input type="checkbox"/> Permit to Come Into or Remain in Canada - Temporary Resident Permit	<input type="checkbox"/> Protected Person
<input type="checkbox"/> Work Permit <input type="checkbox"/> ID No.: _____	OR Issue date: (YYYY-MM-DD) _____	and Expiry date: (YYYY-MM-DD) _____
<input type="checkbox"/> Study Permit <input type="checkbox"/> ID No.: _____	OR Issue date: (YYYY-MM-DD) _____	and Expiry date: (YYYY-MM-DD) _____
<input type="checkbox"/> Visitor Record <input type="checkbox"/> ID No.: _____	OR Issue date: (YYYY-MM-DD) _____	and Expiry date: (YYYY-MM-DD) _____

PART B - DOCUMENTS REQUESTED (continued)

5 Was your original immigration document Lost Stolen Destroyed Other

Provide details. If the document was a valid temporary resident document and was lost or stolen, indicate the police report number. If you do not have a police report number, please provide a brief explanation in the space provided.

6 If you are requesting a Verification of Status of an Immigrant Visa and Record of Landing/Confirmation of Permanent Residence have you applied for it before?

No Yes If yes, when did you apply? YYYY-MM-DD

7 If you are applying for a Verification of Status 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 If yes, attach copies of the relevant court documents.

8 Are you a Canadian citizen? No Yes

9 List all names you have ever used.

Surname (Family name)	Given name(s)	Other name(s) (Middle name, maiden name, alias, initials, etc.)

10 Did you enter Canada as a Visitor Student Worker Permanent Resident Protected Person

PART C - IF YOU ENTERED CANADA AS A PERMANENT RESIDENT PRIOR TO 1973, COMPLETE THE FOLLOWING SECTION

1 Provide the full names and date of birth of the person(s) who accompanied you on arrival in Canada.
(e.g., middle name, maiden name, English name or alias.)

Surname (Family name)	Given name(s)	Other name(s) (Middle name, maiden name, alias, initials, etc.)	Date of birth YYYY-MM-DD

2 Were either of your parents born Canadian citizens? No Yes

3 What are the names and dates of birth of your parents?

Surname (Family name)	Given name(s)	Other name(s) (Middle name, maiden name, alias, initials, etc.)	Date of birth YYYY-MM-DD

4	What is/was the occupation of each of your parents?
	Mother's occupation
	Father's occupation
5	Had you or your parents ever been part of any military at the time you entered Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes

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.

Signature  _____

Date _____

YYYY-MM-DD

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* for the purposes of verifying your status in Canada. It will be stored in Personal Information Banks (entitled PPU 053 Permanent Resident Data System, PPU 054 Temporary Worker Records and Case File, and PPU 051 Foreign Student Records and Case File) CIC. Information may be systematically validated by other Canadian government institutions under the terms of an agreement or arrangement for the purposes of validating status and identity to administer their programs. In accordance with the *Privacy Act* and the *Access to Information Act*, individuals have a right to access, correction and protection of their personal information. Details on these matters are available at the CIC website (<http://www.cic.gc.ca/english/department/atip/infosource/index.asp>) and through the Citizenship and Immigration Canada Call Centre.

7. Your representative's contact information

Name of firm or organization (if applicable)			
If student-at-law, write the name of the supervising lawyer			Supervising lawyer membership ID
Mailing address			
Postal code/ZIP			
Telephone number	Country code	Area code	Number
	()		
Fax number	Country code	Area code	Number
	()		
Email 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 email 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

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. Your declaration**

- I declare that I have fully and truthfully answered all questions on this form and any attached application (if applicable).
- I also declare that I have read and understood all the statements on this form, having asked and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date

Signature of spouse or common-law partner
for sponsorship application

Date

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 the *Citizenship 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**. 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 and Intelligence Service (CSIS), where there is an agreement or arrangement with a foreign government, in accordance with subsection 8(2) of the *Privacy Act*. Pursuant to the *Immigration and Refugee Protection Regulations* and the *Citizenship Regulations*, the information may also be shared with a regulatory body that is responsible for governing or investigating the conduct of representatives, such as a provincial and territorial law society, the *Chambre des Notaires du Québec* and the Immigration Consultants of Canada Regulatory Council (ICCRC). 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. **Infosource is also available in Canadian public libraries.**