

PERMANENT RESIDENT TRAVEL DOCUMENT

IMMIGROUP ORDER FORM

INSTRUCTIONS

Read all instructions and follow carefully

1. Please complete the application form included herein, and make a copy of the information page of your passport. Complete this order form and make sure to include your telephone number or e-mail address where we can contact you.
2. Your letter must include the following information: where you are, how long you have been out of Canada, what you are doing outside of Canada, and who is accompanying you on this trip.
3. Fax us the documents listed in the document checklist to: **1-416-640-2650** or scan and e-mail your documents to info@immigroup.com. We will respond within 24 hours.
4. We will call you or respond via e-mail to confirm the receipt of your fax or e-mail. We will analyze your case and ask for further documents to verify that you meet the residency requirement. These documents vary on a case by case basis.

DOCUMENT CHECKLIST

- APPLICATION FORM IMM5524**
(duly completed and signed)
- COPY OF THE IDENTITY PAGE IN YOUR PASSPORT**
- IMMIGROUP ORDER FORM**
- LETTER EXPLAINING YOUR SITUATION**
If available:
- COPY OF PR CARD**

APPLICATIONS MISSING THIS ORDER FORM WILL NOT BE PROCESSED.

SERVICE OPTIONS

<p style="text-align: center;"><u>REGULAR SERVICE</u></p> <p><input type="checkbox"/> \$282.50 \$250 Immigroup Service Fee \$32.50 HST</p>	<p style="text-align: center;"><u>STATUS IN JEOPARDY</u> If you are close to or over 1095 days outside of Canada within the last five years</p> <p><input type="checkbox"/> \$621.50 \$550 Immigroup Service Fee \$71.50 HST</p>
<p style="color: red; font-size: small;">*GOVERNMENT FEE OF \$50 MUST BE PAID IN PERSON AT CONSULATE*</p>	

CREDIT CARD INFORMATION

Cardholder Name	<input style="width: 95%;" type="text"/>
Card Number	<input style="width: 95%;" type="text"/>
Expiry Date	<input style="width: 60%;" type="text"/> CVV <input style="width: 20%;" type="text"/>
Cardholder Signature	<input style="width: 95%; height: 30px;" type="text"/>

Name

Address

Primary Phone

Other Phone

E-mail (please write legibly)

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 cancellation of this service after my order is received by Immigroup Inc. will bear a minimum cancellation fee of \$42.50.

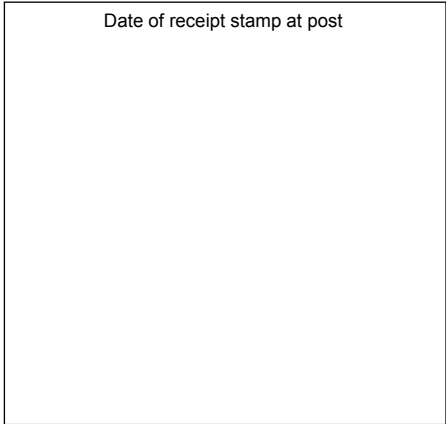
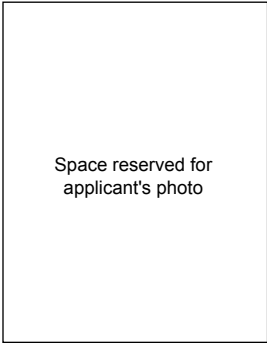
SIGN HERE:



APPLICATION FOR A TRAVEL DOCUMENT (PERMANENT RESIDENT ABROAD)

All individuals, regardless of age, must complete their own application form. Parents or legal guardians must complete and sign application forms for children under the age of 14.

Use an extra sheet of paper if you need more space to answer a question. Print your name at the top of the sheet and indicate the question number.



I want service in: English French

PART 1 - PERSONAL INFORMATION

1 Your full name (as it appears on your Record of Landing (IMM 1000) or Confirmation of Permanent Residence (IMM 5292 or IMM 5688) or Permanent Resident Card)				
Family name		Given name(s)		
Other names (for example, maiden name, son/daughter of, other family name, other given name)				
2 Your sex	3 Your date of birth (YYYY-MM-DD)	4 Your place of birth		
<input type="checkbox"/> Female <input type="checkbox"/> Male		Town/City	State/Province	Country
5 Country of citizenship		6 Passport number		Expiry date (YYYY-MM-DD)
7 Your marital status (choose one)				
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Common-law partner				
8 Date and place you became a permanent resident of Canada				
Date (YYYY-MM-DD)		City	Province	
9 The number on your Record of Landing, Confirmation of Permanent Residence or Permanent Resident Card		10 When were you last physically present in Canada (YYYY-MM-DD)		11 When do you intend to return to Canada (YYYY-MM-DD)
12 A. Your permanent address in Canada				
Street and no.				
City	Province	Country	Postal Code	Telephone no.
B. Your current address outside Canada				
Street and no.				
City	Province	Country	Postal Code	
C. Your mailing address outside Canada (if different from above)				
Street and no.				
City	Province	Country	Postal Code	
If we need to reach you while we process your application		Your e-mail address (if available)		
Your telephone no. (country code, area code and number)				
13 Answer "Yes" or "No":				
A. Were there any terms and conditions applied to you at the time you were granted permanent residence or landed in Canada?				<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you ever lost your status as a permanent resident of Canada?				<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever submitted an appeal to the Immigration Appeal Division of the Immigration and Refugee Board against a decision on the residency obligation?				<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Have you ever been issued a Returning Resident Permit or a Travel Document?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the questions above, provide details below. Use an extra sheet of paper if you need more space.				

14 Your activities and employment

Give details of what you have been doing during the past five (5) years. Include jobs held, periods of unemployment, time spent studying, etc. **If you became a permanent resident less than five years ago:** list your activities and employment from the time you became a permanent resident to present.

From (YYYY-MM-DD)	To (YYYY-MM-DD)	Activity/Employment	Name of company, school, etc.	City/Town, Province/State, Country

PART 2 - RESIDENCY OBLIGATION

Refer to the guide for more information on meeting the residency obligation and on acceptable supporting documents.

15 Time spent in Canada

When were you physically present in Canada? List all periods you spent in Canada during the past five (5) years. **If you became a permanent resident less than five (5) years ago:** list time spent in Canada from the time you became a permanent resident to present.

From (YYYY-MM-DD)	To (YYYY-MM-DD)	Address	City/Town, Province	Total number of days
TOTAL				

If the total number of days is **equal to or greater than 730 days**, skip to the **Declaration**.
If the total number of days is **less than 730 days**, answer the following questions.

16 Absence while accompanying a Canadian citizen or a permanent resident outside Canada

Have you accompanied a Canadian citizen or permanent resident while outside Canada?

No Yes ► Name of person you accompanied

Family name	Given name(s)
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Relationship to you ► Spouse Common-law Parent
(Provide proof of the person's relationship to you)

Date of marriage or common-law union (YYYY-MM-DD)

He or she is a ► Canadian citizen (provide proof of his or her Canadian citizenship)

Permanent resident of Canada who is employed outside of Canada on a full-time basis by a Canadian business, or by the federal or provincial public service in Canada.
(Provide proof of the person's status in Canada and proof of employment)

Date Canadian citizenship or permanent residency was acquired (YYYY-MM-DD)

List the periods when you were outside of Canada and accompanying the person above during the past five (5) years.

If you became a permanent resident less than five (5) years ago: list the periods from the time you became a permanent resident to present.

From (YYYY-MM-DD)	To (YYYY-MM-DD)	Address	City/Town, Province	Total number of days
TOTAL				

17 Absences while employed by a Canadian business

Have you been employed outside of Canada on a full-time basis by a Canadian business or by the public service of Canada or of a province of Canada?

No Yes **▶ Provide proof of this employment**

List the periods when you have been outside of Canada and employed on a full-time basis by a Canadian business or by the public service of Canada or of a province of Canada during the past five years. **If you became a permanent resident less than five years ago:** list the periods from the time you became a permanent resident to present.

From (YYYY-MM-DD)	To (YYYY-MM-DD)	Address	City/Town, Province	Total number of days

TOTAL

Calculation

Total number of days from question 15

Total number of days from question 16

Total number of days from question 17

GRAND TOTAL

If your grand total is **equal to or greater than 730 days**, skip to the **Declaration**.

If your grand total is **less than 730 days** and you have been a permanent resident for five years or more, answer question 18.

Note: If your grand total is **less than 730 days** and you have been a permanent resident for **less than five years**, you may wish to answer question 18. The visa office will consider your answer to this question if it is apparent that you will not meet the residency obligation.

18 Humanitarian and Compassionate Grounds

If the visa office determines that you do not meet the residency obligation, are there humanitarian and compassionate considerations that would justify the retention of your permanent resident status? If applicable, also include humanitarian and compassionate considerations relating to the best interests of a child who may be directly affected by this residency determination. Use an extra sheet of paper if you need more space.

Declaration

- I certify that the information given on this form and in any documents attached is correct, complete and accurate.
- If this form pertains to a child under the age of 14, I certify that I am one of the child's parents or guardians.
- I understand the foregoing statements, having asked for and obtained an explanation on every point that was not clear to me.
- I further understand that the information provided by me may be verified and hereby consent to such verification activities.
- I also understand that it is a serious offence to provide false or misleading information and that the provision of false or misleading information may result in loss of my permanent resident status and may be grounds for my prosecution or removal from Canada.

Signature

Date
(YYYY-MM-DD)

Signature of parent or guardian
(if applicant is under the age of 14)

Date
(YYYY-MM-DD)

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in determining whether you meet the terms and conditions of your permanent residency according to the requirements of the Act. It will be retained in a Personal Information Bank CIC PPU 068 *Determination of Permanent Resident Status* 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.**

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

Party ID (if known)

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.**

- 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
(if applicable)

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