

REQUEST TO AMEND YOUR IMM1000 / RECORD OF LANDING

IMMIGROUP ORDER FORM

INSTRUCTIONS

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. We will advise you when the response to your request has been received. If the request was approved, you will receive a Verification of Status document to indicate that the change has been made in the CIC system. Requests which are refused will be issued an advisory letter.

APPLICATIONS MISSING THIS ORDER WILL NOT BE PROCESSED.

DOCUMENT CHECKLIST

- IMMIGROUP ORDER FORM**
 - APPLICATION FORMS IMM 1436**
(duly completed and signed)
 - COPY OF PASSPORT USED AT THE TIME OF LANDING**
Copies of both the identity page and landing stamp page must be provided.
 - COPIES OF AS MANY AS POSSIBLE OF THE FOLLOWING, ISSUED BEFORE YOU LANDED IN CANADA:**

Birth certificate, baptismal certificate, marriage certificate, identity card, school card, hospital record of birth, driver's license, other government-issued documents **Please Note:** Documents in Languages other than French or English must be accompanied by a professional translation.
 - COPY OF CURRENT VALID GOVERNMENT-ISSUED PHOTO ID**
 - COPY OF RECORD OF LANDING OR CONFIRMATION OF PERMANENT RESIDENCE**
- If applicable, include:
- PROOF OF URGENCY** (written proof that you will lose your job, that you will lose government benefits, that your application was mishandled by CIC - subject to approval)

<u>REGULAR SERVICE</u>	
<input type="checkbox"/>	Total fees: \$ 367.87 Including: Immigroup Service Fee: \$299 HST: \$38.87 Courier Fee: \$30 Processing Time: 2 - 6 months (subject to change without notice)

<u>URGENT SERVICE</u>	
<input type="checkbox"/>	Total fees: \$ 480.87 Including: Immigroup Service Fee: \$399 HST: \$51.87 Courier Fee: \$30 Processing Time: 30 - 90 days (subject to change without notice)

<u>CREDIT CARD INFORMATION</u>	
Applicant Name	<input type="text"/>
Cardholder Name	<input type="text"/>
Expiry Date	<input type="text"/>
Card Number	<input type="text"/> C V V Code <input type="text"/>
Cardholder Signature	<input type="text"/>

<u>DISCLAIMER</u>
<p><i>Applicant must sign below</i></p> <p>* 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:</p> <p>* Immigroup Inc is not responsible for applications that are rejected. *All fees are non-refundable once applications are submitted to the government.</p> <p>* Immigroup Inc is not responsible for documents or passports lost by courier companies or any government office.</p> <p>* I agree to being charged the total fees corresponding with my required service</p> <p>* I understand that cancellation of this service after my order is received by Immigroup Inc. will bear a minimum cancellation fee of \$42.50</p> <p>* I assert that I am applying for an amendment to my IMM1000 using Immigroup as my representative.</p> <p>SIGN HERE:</p>



REQUEST TO AMEND THE RECORD OF LANDING (IMM 1000), CONFIRMATION OF PERMANENT RESIDENCE (IMM 5292 or IMM 5688) OR VALID TEMPORARY RESIDENT DOCUMENTS

PART A - PERSONAL DETAILS CONTAINED ON YOUR IMM 1000, IMM 5292 OR IMM 5688, OR VALID TEMPORARY RESIDENT DOCUMENTS

1 Client ID number/UCI

2 Surname(s) (Family name) (As it currently appears on your document)		3 Given name(s) (As it currently appears on your document)	
4 Other name(s) used		5 Other given name(s) used	
7 Date of birth YYYY-MM-DD		8 Place of birth (City, state/province and country)	
10 Passport number		9 Citizenship	
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 <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated If you are married, is your spouse a Canadian citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <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	Country Code	No.	Ext.
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.)			
20 Date of original entry YYYY-MM-DD		21 Date permanent residence or temporary residence was granted YYYY-MM-DD	

PART B - INFORMATION TO BE AMENDED


1 Please indicate for which of the following you need a correction. If you have more than one **valid** temporary resident document, indicate the document ID number or if unknown, the document issue date 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 ▶ ID No.: _____	OR Issue date: (YYYY-MM-DD) _____	and Expiry date: (YYYY-MM-DD) _____
<input type="checkbox"/> Study Permit ▶ ID No.: _____	OR Issue date: (YYYY-MM-DD) _____	and Expiry date: (YYYY-MM-DD) _____
<input type="checkbox"/> Visitor Record ▶ ID No.: _____	OR Issue date: (YYYY-MM-DD) _____	and Expiry date: (YYYY-MM-DD) _____


PART B - INFORMATION TO BE AMENDED (continued)

2 Surname(s) (Family name)		3 Given name(s)	
4 Date of birth YYYY-MM-DD		5 Place of birth (City, state/province)	
6 Country of birth		7 Citizenship	
8 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9 Marital status <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Common-law partner <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
10 Date of original entry (YYYY-MM-DD)		11 Date permanent residence or temporary residence was granted (YYYY-MM-DD)	12 Other change (Provide a description in PART C, section 2 below)

PART C

1 If you are applying for an amendment to your IMM 1000, IMM 5292 or IMM 5688 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? <input type="checkbox"/> No <input type="checkbox"/> Yes  If yes, attach copies of the relevant court documents.	
2 Reasons for requesting the amendment(s). (Attach another sheet if you need more space.)	

STATEMENT

I certify that the statements made on this application document are true and correct. I understand that the approval of my request to amend my date of birth may affect my eligibility for benefit and services from other government institutions as that term is defined in the <i>Privacy Act</i> and may also result in the recovery from me by other government institutions of payments or benefits made to me under income support programs for which I was not eligible at the time the payments or benefits were paid.	
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 (PPU 053 entitled Permanent Resident Data System) 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>).

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.**