



APPLICATION FOR TEMPORARY RESIDENT VISA MADE OUTSIDE OF CANADA

1 UCI/Client ID	2 I want service in	3 Visa requested	OFFICE USE ONLY Validated
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PERSONAL DETAILS

1 Full name (as shown on your passport or travel document)				
Family name		Given name(s)		
2 Nick names/Alias				
Family name		Given name(s)		
3 Sex	4 Date of birth	5 Place of birth		
	YYYY MM DD	City/Town	Country	
6 Citizenship				
7 Current country of residence:				
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
8 Previous countries of residence: 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	To
			YYYY-MM-DD	YYYY-MM-DD
9 Country where applying: Same as current country of residence? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
10 a) Your current marital status		b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship		Date
c) Provide the name of your current Spouse/Common-law partner				YYYY-MM-DD
Family name		Given name(s)		

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

PERSONAL DETAILS (CONTINUED)

11 Have you previously been married or in a common-law relationship? No Yes
 Provide the following details for your previous Spouse/Common-law Partner:

Family name	Given name(s)				
Type of relationship	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">From</td> <td style="width: 50%; text-align: center;">To</td> </tr> <tr> <td style="text-align: center;">YYYY-MM-DD</td> <td style="text-align: center;">YYYY-MM-DD</td> </tr> </table>	From	To	YYYY-MM-DD	YYYY-MM-DD
From	To				
YYYY-MM-DD	YYYY-MM-DD				

PASSPORT

1 Passport number	2 Country of issue	3 Issue date	4 Expiry date
		YYYY-MM-DD	YYYY-MM-DD

CONTACT INFORMATION

1 Current mailing address
 - 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 address below and on the IMM5476 form.

P.O. box	Apt/Unit	Street no.	Street name		
City/Town		Country	Province/State	Postal code	District

2 Residential address Same as mailing address? No Yes

Apt/Unit	Street no.	Street name		City/Town
Country		Province/State	Postal code	District

3 Telephone no. Canada/US Other

Type	Country Code	No.	Ext.		
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4 Alternate Telephone no. Canada/US Other

Type	Country Code	No.	Ext.		
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5 Fax no. Canada/US Other

Country Code	No.	Ext.			
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6 E-mail address

DETAILS OF VISIT TO CANADA

1 a) Purpose of my visit b) Other

2 Indicate how long you plan to stay	From	To	3 Funds available for my stay (SCAD)
	YYYY-MM-DD	YYYY-MM-DD	

4 Name, address and relationship of any person(s) or institution(s) I will visit:

	Name			
1	Relationship to me	Address in Canada		
2	Name			
	Relationship to me	Address in Canada		

Application Name	Date of Birth
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EDUCATION

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

If you answered yes, give full details of all post secondary education you have had.

1	From YYYY MM	Field of study	School/Facility name	
	To YYYY MM	City/Town	Country	Province/State
2	From YYYY MM	Field of study	School/Facility name	
	To YYYY MM	City/Town	Country	Province/State
3	From YYYY MM	Field of study	School/Facility name	
	To YYYY MM	City/Town	Country	Province/State

CURRENT OCCUPATION

Give full details of your present job. If retired, not working or student, please indicate.

1	From YYYY MM	Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country	Province/State

BACKGROUND INFORMATION

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

1	<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>
2	<p>a) Have you ever previously applied for any Canadian visas (e.g. Permanent Resident, Student, Worker, Temporary Resident (Visitor), 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>

Application Name	Date of Birth
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BACKGROUND INFORMATION (CONTINUED)

3	Have you ever committed, been arrested for or been charged with any criminal offence in any country?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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4	a) Have you ever been in a military, militia or civil defense unit or the police?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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b) If you answered "no" to question 4a) and military service is mandatory in your country and you did not serve, please explain why you did not serve. Then proceed to question 5)

5	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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6	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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7	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: your passport, photos, the fees, your signature.

The information you provided in this application is collected under the authority of the *Immigration and Refugee Protection Act* and will be used to maintain a record of applications and sponsorship undertakings for the purpose of the administration of the Act. It will be retained in the Personal Information Banks CIC PPU 053 or CIC PPU 054 or CIC PPU 055 depending on the type of application made. 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 subsection 8(2) of the *Privacy Act*. In accordance with 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 the Infosource website (<http://www.infosource.gc.ca/>) and through the Citizenship and Immigration Canada Call Centre. Infosource is also available at Public Libraries across Canada.



SCHEDULE 1
APPLICATION FOR A TEMPORARY RESIDENT VISA MADE OUTSIDE OF CANADA
ANNEXE 1
DEMANDE DE VISA DE RÉSIDENT TEMPORAIRE PRÉSENTÉE À L'EXTÉRIEUR DU CANADA

1. Please provide details of your employment (including self-employment) for the last ten years. If you did not work or were retired, please provide the personal address for that period. If you are a dependent on someone else's income (i.e. your parents or spouse) please provide employment details of this person. Start with the most recent information.
 Veuillez fournir les détails de votre emploi (y compris l'emploi en tant que travailleur autonome) pendant les dix dernières années. Si vous ne travaillez pas ou êtes retraité, veuillez indiquer votre adresse personnelle pour cette période. Si vous dépendez du revenu de quelqu'un (c.-à-d. vos parents ou conjoint) fournissez les détails d'emploi de cette personne. Commencez par l'information la plus récente.

From - De		To - À		Name, address and telephone number of employer. If you did not work or were retired, please provide personal address. Nom, adresse et numéro de téléphone de votre employeur. Si vous ne travaillez pas ou étiez retraité, veuillez indiquer votre adresse personnelle	Job title Titre de l'emploi	Monthly salary Salaire mensuel
Y - A	M	Y - A	M			

2. A) Did you serve in any military, militia, or civil defence unit or serve in an intelligence organization or police force (including obligatory national service, reserve or volunteer units)?
 Avez-vous fait partie d'une milice, d'une armée, d'une unité de défense ou d'un corps de police (que ce soit à titre de conscrit parce que le service militaire est obligatoire dans votre pays, de réserviste ou de membre d'une unité de volontaires)?

- No / Non ▶ Go to question 3. / Allez à la question 3.
 Yes / Oui ▶ Give the following details: if you served in any militia, army, defence or police unit (either as part of obligatory national service, the reserves or a volunteer unit), enter period of service (month and year), branch of service and unit number in which you served along with name of place where you were stationed, your rank, and a detailed description of your duties (e.g., infantry, artillery, military police, radio operator, driver, etc.).
 Veuillez donner les détails suivants : si vous avez déjà fait partie d'une milice, d'une armée, d'une unité de défense civile ou d'un corps policier (y compris le service national obligatoire et les unités de réserve ou volontaires), indiquez la période de service (mois et année), le bureau de service et le numéro de l'unité au sein de laquelle vous avez servi, ainsi que le nom de l'endroit où vous étiez en poste et le rang occupé. Veuillez également fournir une description détaillée de vos tâches (p. ex. infanterie, artillerie, police militaire, opérateur radio, chauffeur, etc.).

From - De		To - À		Branch of service, unit number and place where stationed Section, numéro d'unité et lieu où vous étiez stationné	Rank and commanding officer Grade et Commandant	Duties - Fonctions
Y - A	M	Y - A	M			

B) Did you receive special training?
 Avez-vous reçu une formation spéciale?
 No / Non Yes / Oui ▶ Provide details. / Veuillez fournir plus de détails.

**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 occupiez 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 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*. Par ailleurs, 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 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.