**PRINCIPAL APPLICANT/ SPONSOR**

**ONLY FILL SECTIONS THAT APPLIES TO YOU**

|  |  |
| --- | --- |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Sex: Male/Female |  |
| Date of Birth |  |
| Place of Birth |  |
| Passport number, Date of issue & Expiry date |
| Height |  |
| Colour of Eyes |  |
| Father’s Name, DOB, Place of birth, if deceased date of death |  |
| Mother’s name, DOB, place of birth, if deceased date of death |  |
| Current Occupation |  |
| Marital Status & Date of Marriage |  |
| Telephone Number |  |
| Email Address |  |
| Previously married: Y/N  If yes: Date of Divorce, Previous partner name & DOB |  |
| Country of Residence |  |
| National ID Number |  |
| Home Address |  |

**SPOUSE**

|  |  |
| --- | --- |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Sex: Male/Female |  |
| Date of Birth |  |
| Place of Birth |  |
| Passport number, Date of issue & Expiry date |
| Height |  |
| Colour of Eyes |  |
| Father’s Name, DOB, Place of birth, if deceased date of death |  |
| Mother’s name, DOB, place of birth, if deceased date of death |  |
| Current Occupation |  |
| Marital Status & Date of Marriage |  |
| Telephone Number |  |
| Email Address |  |
| Previously married: Y/N  If yes: Date of Divorce, Previous partner name & DOB |  |
| Country of Residence |  |
| National ID Number |  |
| Home Address |  |

**CHILD NO.1**

|  |  |
| --- | --- |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Sex: Male/Female |  |
| Date of Birth |  |
| Place of Birth |  |
| Passport number,Date of issue & Expiry date |  |
| Height |  |
| Colour of Eyes |  |
| Father’s Name, DOB, Place of birth, if deceased date of death |  |
| Mother’s name, DOB, place of birth, if deceased date of death |  |
| Current Occupation |  |
| Marital Status & Date of Marriage |  |
| Telephone Number |  |
| Email Address |  |
| Previously married: Y/N  If yes: Date of Divorce, Previous partner name & DOB |  |
| Country of Residence |  |
| National ID Number |  |
| Home Address |  |

**CHILD NO.2**

|  |  |
| --- | --- |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Sex: Male/Female |  |
| Date of Birth |  |
| Place of Birth |  |
| Passport number, Date of issue & Expiry date |  |
| Height |  |
| Colour of Eyes |  |
| Father’s Name, DOB, Place of birth, if deceased date of death |  |
| Mother’s name, DOB, place of birth, if deceased date of death |  |
| Current Occupation |  |
| Marital Status & Date of Marriage |  |
| Telephone Number |  |
| Email Address |  |
| Previously married: Y/N  If yes: Date of Divorce, Previous partner name & DOB |  |
| Country of Residence |  |
| National ID Number |  |
| Home Address |  |

**EDUCATION**

Note: Please attached additional sheet. if you need

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From To  YYYY/MM YYYY/MM | Name of institution | City/Country | Type of  Credential | Field of Study |
|  |  |  |  |  |
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**WORK EXPERIENCE**

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| --- | --- | --- | --- |
| From To  YYYY/MM YYYY/MM | Occupation/Position | Name of the Company | City/Country |
|  |  |  |  |
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**PERSONAL HISTORY**

(Give all details of 10 years back, from today) Provide the detail of your personal history since the age of 18, or the past 10 years, whichever is most recent. Under “Activity”, write your occupation or job title if you were working. If you were not working, provide information on what you were doing. (For example: unemployed, studying, travelling, retired, in detention, etc.) If you were outside your country of nationality, your status in country.

PLEASE ENSURE THAT DO NOT LEAVE ANY GAPS I

|  |  |  |  |
| --- | --- | --- | --- |
| From To  YYYY/MM YYYY/MM | Activities | City/Town | Name of Company, Employer or School |
|  |  |  |  |
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**ADDRESS HISTORY** of Last 10 Years

|  |  |
| --- | --- |
| FROM TO  dd/mm/yyyy dd/mm/yyyy | ADDRESS |
|  |  |
|  |  |
|  |  |
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ADDITIONAL FAMILY INFORMATION (Brothers & sisters including stepbrothers & sisters)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Relationship | D.O. B | Country of  Birth | Marital  Status | Occupation | Present Address |
|  |  |  |  |  |  |  |
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(IF APPLICABLE)

Date & Place of original entry to Canada: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY) Date & Place of Most recent entry to Canada  (If different from original entry): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY)

Have you ever used any nickname? YES/NO if YES,\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_

Have you ever appeared for IELTS? Overall score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you intend to live in Canada? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Visit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of person you will visit**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relation to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or if you are the principal applicant, any of your family member listed in your application, for permanent residence in Canada ever: **Yes/No**

* Been convicted of, or are you currently charged with, on trial for to a criminal offence, or subject to any criminal proceeding in any country?  **Yes/NO**
* Previously sought refugee status in Canada or applied for Canadian immigration or permanent Residence Visa, Visitor, or temporary residence Visa? **Yes/No**
* Been refused refugee status in Canada or applied for immigration or permanent Residence Visa, Visitor or temporary residence Visa or any other country? **Yes/No**
* Been refused admission or order to leave for Canada or other country?  **Yes/No**
* Been involved in an act of genocide, a war crime or in the commission of crime against humanity**? Yes/No**
* Used, planned, or advocated the use of armed struggle or violence to reach political, religious, or social objectives? **Yes/No**
* Associated with a group that used, uses advocated or advocates the used of armed struggle or violence to reach political, religious, or social objectives? **Yes/No**
* Been member of an organisation that is or was engaged in any activities that is part of pattern of criminal activity? **Yes/No**
* been detained or put in jail? **Yes/No**
* had any serious disease or physical or mental disorder? **Yes/No**

If your answer to any of these questions is yes, please provide details.

Signature of the Applicant with Date