APPLICATION FOR A TEMPORARY RESIDENT VISA

Application can be filled out in English, French or Russian

File:

1. Surname		Given Name		Patrony	nic/Middl	e Name			Maiden Name or Other Names you have used				
2. Sex:	3. Date of	Birth:	4.Place of Bi	rth:		5. Marital status:							
M			City _					er married Married aged Widowed					
F	D	M Y	Country _		Sepa			Sepa	arated Divorced mon-law partnership				
					Street								
Mailing address (if different from your residential address). All correspondence will go to this address: Country													
Building		Apt		Phone #(are	ne #(area code)								
7. Name and address of Em	plover:												
7. Name and address of Employer:													
8. Occupation/Title			9. How long have you been employed by this employer?					10. Total monthly income of your family (in US dollars)					
11. Passport details for you	and your f	amily members acc	ompanying y	ou to Canada	a:								
Surname/Maiden name		Given name	Citizenship			Passport	nur	nber		Passport expiry date			
12. Purpose of your visit to	Canada:		·										
13. Date of your departure 14. Flight num		14. Flight number	er 15. How long do to stay in Canada'										
17. List all names of person	is and com												
Name			Full address and telephone number with area code						Relationship to you:				
18. How much money will you take with you			19. I authorize the release of information from this application to										
			name and ad Canada)	dress of pers	on authori	ized to rec	ceiv	e info	ormation (only Cand	adian citizens	or permanent	residents of	
20. Immigration Status of a	pplicant(s)	in country where a	pplying from:		21.Attach	n two pict	ures	s of ye	ou taken within the	past six montl	hs		
Citizen Permanent Resident Temporary Resident Worker Student Other	Day	Valid until: Month	Year	_]						DO N GLUE			

22.		"X" the appropriate box			
a) Within the past two years, have you or a family men a person with tuberculosis of the lung?	mber had tuberculosis of the lung or been in close contact with	h Yes No	—		
b) Do you or an accompanying family member have a require social and/or health services, other than medica	ny physical or mental disorder for which that person will tion, during the stay?	Yes	No		
Have you or any member of your family ever:					
c) Committed, been arrested or charged with any crimi	nal offence in any country?	Yes			
d) Been refused admission to, or ordered to leave Cana	da?	Yes			
e) Applied for any Canadian Immigration visas(e.g. Permanent Resident, Student, Worker, Temporary	Yes				
f) Been refused a visa to travel to Canada?		Yes			
g) In periods of either peace or war, have you ever bee or crime against humanity such as: willful killing, tortu or other inhumane acts committed against civilians or p If you answer "yes" to any of the questions c) to g) abo	ire, attacks upon, enslavement, starvation	Yes No			
Related information:					
23. Have you ever traveled outside your country of res	sidence? If yes, please list the countries you have visited.	Yes No			
24. During the past five years have you or any family r permanent residence for more than six months?	nembers accompanying you lived in any country other than y	our country of citizenship or Yes No			
Name	Country F	Length of stay rom DMY To DMY			
25. I declare that I have answered all questions in this application fully and truthfully.	Signature of applicant	Date D M Y			

This document will not be accepted unless it is signed and dated by the applicant.

Ce formulaire est également disponible en français.

Эта анкета также есть и на русском языке.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as a temporary resident. It will be stored in Personal Information Bank CIC PPU 051, Foreign Temporary Resident Records and Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.

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