



Primary Applicant - Personal Information -

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Passport Information

Passport number: _____ Place of Passport Issuance: _____

Issue Date (DD/MM/YYYY): _____ Expiry Date (DD/MM.YYYY): _____

Height: _____ Eye Colour: _

Family Information

Marital Status: _____ Date of Marriage: _____

Have you previously married or in a common-law relationship? YES NO

If YES, please answer the following questions.

- Name of the pervious spouse or partner: _____
- Type of Relationship: _____
- Date of birth of Partner (DD/MM/YYYY): _____
- Start date of relationship: _____
- End date of Relationship: _____

Spouse's Information.

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Passport Information

Passport number: _____ Place of Passport Issuance: _____

Issue Date (DD/MM/YYYY): _____ Expiry Date (DD/MM.YYYY): _____

Height: _____ Eye Colour: _

Children's Information.

Please start fill from eldest to youngest.

Child #1

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Passport Information

Passport number: _____ Place of Passport Issuance: _____

Issue Date (DD/MM/YYYY): _____ Expiry Date (DD/MM.YYYY): _____

Height: _____ Eye Colour: _____

Child #2

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Passport Information

Passport number: _____ Place of Passport Issuance: _____

Issue Date (DD/MM/YYYY): _____ Expiry Date (DD/MM.YYYY): _____

Height: _____ Eye Colour: _____

Child #3

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Passport Information

Passport number: _____ Place of Passport Issuance: _____

Issue Date (DD/MM/YYYY): _____ Expiry Date (DD/MM.YYYY): _____

Height: _____ Eye Colour: _____

Please add additional sheets if you have more than 3 children.

Primary Applicant's family Information

Father

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Mother

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Siblings Information.

Sibling #1

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Sibling #2

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Sibling #3

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Sibling #4

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Please add additional sheets if you have more than 4 siblings.

Spouse's family Information

Father

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Mother

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Siblings Information.

Sibling #1

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Sibling #2

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Sibling #3

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Sibling #4

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex: _____ Place of Birth: _____

Native Language: _____ Phone #: _____

Email: _____ Occupation: _____

Marital Status: _____ Date of Marriage: _____

Current Address

Street: _____ Unit/Apt# _____ City: _____

Country: _____ Postal Code: _____ Prov/State _____

Please add additional sheets if you have more than 4 siblings.

Primary Applicant's Educational Information – Please fill from highest level/ recent education to 10th (Grade 10)

Name of the Institution: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY): _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Did you successfully complete the education? YES NO

Name of the certificate or diploma received: _____

Name of the Institution: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY): _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Did you successfully complete the education? YES NO

Name of the certificate or diploma received: _____

Name of the Institution: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY): _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Did you successfully complete the education? YES NO

Name of the certificate or diploma received: _____

Name of the Institution: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY): _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Did you successfully complete the education? YES NO

Name of the certificate or diploma received: _____

Name of the Institution: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY): _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Did you successfully complete the education? YES NO

Name of the certificate or diploma received: _____

Please add additional Sheets if required.

Primary Applicant's Personal History- Please indicate your personal history from age 18years. Start from present to past work experiences. DO NOT LEAVE GAP in between periods. You must include Unemployed period or Vacation from work. Start fill from present job.

#1

Name of the Company: _____/Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____

#2

Name of the Company: _____/Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____
#3

Name of the Company: _____ /Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____
#4

Name of the Company: _____ /Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____
#5

Name of the Company: _____ /Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____
#6

Name of the Company: _____ /Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____

#7

Name of the Company: _____ /Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____

Please add additional Sheets if required.

Spouse's Educational Information – Please fill from highest level/ recent education to 10th (Grade 10th)

Name of the Institution: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY): _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Did you successfully complete the education? YES NO

Name of the certificate or diploma received: _____

Name of the Institution: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY): _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Did you successfully complete the education? YES NO

Name of the certificate or diploma received: _____

Name of the Institution: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY): _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Did you successfully complete the education? YES NO

Name of the certificate or diploma received: _____

Name of the Institution: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY): _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Did you successfully complete the education? YES NO

Name of the certificate or diploma received: _____

Please add additional Sheets if required.

Spouse's Personal History- Please indicate your personal history from age 18years. Start from present to past work experiences. DO NOT LEAVE GAP in between periods. You must include Unemployed period or Vacation from work. Start fill from present job.

#1

Name of the Company: _____/Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____

#2

Name of the Company: _____/Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____

#3

Name of the Company: _____/Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____

#4

Name of the Company: _____/Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____

#5

Name of the Company: _____/Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____

#6

Name of the Company: _____/Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____

#7

Name of the Company: _____/Activity: _____

Job Title: _____ Wage: _____

Address- Street: _____ City: _____

Country: _____ Postal Code: _____

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY) : _____

Please add additional Sheets if required

Language Proficiency

Primary Applicant's

IELTS Exam Date (DD/MM/YYYY): _____ Overall Score: _____

Listening: _____ Reading: _____ Writing: _____ Speaking: _____

Spouse's

IELTS Exam Date (DD/MM/YYYY): _____ Overall Score: _____

Listening: _____ Reading: _____ Writing: _____ Speaking: _____

Travel History

First Entry to Canada

- Place(Port, City, Province): _____
- Date of Entry(DD/MM/YYYY): _____

Most recent entry to Canada

- Place(Port, City, Province): _____
- Date of Entry(DD/MM/YYYY): _____

Have you or any members of the family travelled to other country other than home country since age 18years? YES NO

Primary Applicant.

#	City Country	From(dd/mm/yyyy)	To (dd/mm/yyyy)	Purpose of Travel/visit
1				
2				
3				
4				

Spouse

#	City Country	From(dd/mm/yyyy)	To(dd/mm/yyyy)	Purpose of Travel/visit
1				
2				
3				
4				

Children over 18 years.

#	City Country	From(dd/mm/yyyy)	To(dd/mm/yyyy)	Purpose of Travel/visit
1				
2				
3				
4				

Please add additional sheets if required.

By signing this, I confirm that the information given in this form is true, complete and accurate.

Applicant/Client's Signature: _____

Date: _____