

普通学习签证申请预订单

荣昇预订单

<p>预订流程</p> <p>请务必仔细阅读以下流程</p> <p>1. 请填写预订单及随后的申请表格，请确认所填写的电话号码及邮箱地址准确无误，以便我们及时联系到您。</p> <p>2. 请扫描所有表格和所有申请材料，然后发邮件或微信传给我公司，我们帮您确认。邮箱地址为 info@gloriosun.com，微信号: GlorioSunImmigration</p> <p>3. 公司会在一到两个工作日之内与您联系。如果未能联系到您，请拨打公司电话1-647-573-8774已确认我们已经收到您的订单。</p> <p>4. 公司审核完您的表格和材料，确认所有材料准确无误之后，请把需要的表格原件和需要的材料复印件寄到我公司，地址如下： 365 Church St., Suite 2907, Toronto, ON, M5B 0B5</p> <p>5. 公司在正式递交之前，最后和您确认收信地址。</p> <p>6. 若您被移民局要求面试时，您需要带着您的原始申请材料 and 复印件，所有材料必须与我们递交的一致。</p>	<p>基本申请材料清单</p> <ul style="list-style-type: none">❖ 荣昇预订单(本页)❖ 学习许可申请表IMM1294 (填写完整并签名)❖ 家庭成员表IMM5707E(填写完整并签名)❖ 代理授权表 IMM5476E (签名)❖ 申请人、申请人的父亲和母亲的家庭成员信息表和教育就业细节表(填写完整并签名)❖ 加拿大政府签证费支付凭证❖ 有效照片两张（具体要求见下页）❖ 有效护照或旅行文件个人信息页复印件 (必须包括护照号码，发行及失效日期，照片，名字，出生日期及出生地)❖ 由指定体检医师提供的体检表格副本❖ 财产证明 (本人或父母的证明材料)❖ 学校录取通知书原件❖ 学习计划书❖ 监护人表格IMM5646E (申请人为未成年人)❖ 结婚证书复印件 <p>学习签证要求更多材料，具体见第二页</p>
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服务类别选择

申请办理时间取决于移民局的申请进度，加拿大政府最新平均受理时间为10 个工作日

<p>全程负责申请办理</p> <p>899加元 加拿大持牌移民顾问专业填写、审核所有申请材料，专业准备材料，提高成功率，7个工作日之内递交。不包含政府申请费、体检费、公证费、快递费等第三方费用</p> <p><input type="checkbox"/></p> <p>1398加元 加急办理（材料完整后三个工作日内递交）此费用为服务费，不包含第三方费用</p> <p><input type="checkbox"/></p> <p>有拒签历史的可能会收取额外的服务费用</p>	<p>审稿服务</p> <p>398加元 加拿大持牌移民顾问专业审核所有申请表格及材料，给予专业意见，帮助提高成功率，仅收审稿服务费，不包括其他第三方费用</p> <p><input type="checkbox"/></p> <p>150加元 申请人可通过本公司代付政府申请费及快递费</p> <p><input type="checkbox"/></p> <p>申请人可同时购买旅行保险，请与公司联系询价</p>
<p>支付方式</p> <p>微信支付:</p> <p>当面支付: 现金或支票</p> <p>E-mail转账: gloriosunimmigration@gmail.com</p> <p>银行支付:</p>	<p>个人声明（请申请人签名）</p> <p>*签名声称以下条款已阅读且同意公司以下条款及规定：</p> <p>*公司对邮件递送过程中护照及材料遗失概不负责。</p> <p>*申请批准解释权归加拿大移民局，大使馆或领事机构，本公司对申请结果不负责。</p> <p>*所有费用为服务费及政府申请费，不保证退费。</p> <p>*同意公司收取相关费用。</p> <p>*此申请在公司确认后取消，收取最低取消费用20元。</p> <p>签名 <input type="text"/></p>



欢迎使用本公司服务

请务必仔细阅读以下内容，按照材料清单准备表格和材料

- 完成所有需要签证表格，保证信息准确无误，签字处务必签名
- 完成荣昇公司预定单，请务必留下正确联系方式
- 复印材料需清晰，虚假材料若被发现后果严重，责任自负
- 此文件含有所有需要表格，请填写完整
- 如有问题或不清楚的地方，请及时与本公司取得联系

普通学生签证小常识

- 加拿大普通留学签证均无需参加面试，不强制预约但建议您先进行预约再去提交；
- 加拿大不分领区，所有申请人可以在中国任何签证中心递交申请；
- 多次往返签证，有效期限为预计学业完成的时间；
- 第一次入境加拿大时将发放学习许可（俗称大签），有效期与学生签证相同；
- 要求完成体检。

办理加拿大普通学生签证所需材料全部清单

身份证明

- 1、护照： 有效期在回程日期算起九个月以上的护照，旧版须在护照末页签名，如有旧护照请一起提供。
- 2、照片： 最近六个月内所照的，照片尺寸为2寸2张（白底彩照，尺寸为3.5CM X4.5CM，头顶到下巴为3.1CM * 3.6CM）。
- 3、身份证： 身份证请用A4纸复印正反两面1份。
- 4、户口本： 请提供本人所在户口本上全体成员每一页的复印件；如果是集体户口，提供首页及本人页。
- 5、结婚证： 结婚证复印件（如果已婚）
- 6、经济证明： 反映至少十二个月资金累积历史的证明。要求如下：日期为最近两个月内的显示现有可用资金的存款证明原件；存单原件及/或存折原件；以及资金来源的书面说明。其它形式资产的相关文件、如股市账户、商业交易文件及房地产交易文件，虽然不能替代上述所需文件，但可以附于申请内。若无法提供文件证明，申请人也可以提供一份书面说明。

申请表

- 1、学习许可申请表 (IMM 1294)
- 2、申请人、申请人的父亲和母亲完整填写家属表和教育及就业细节表，请使用中英文或中法文填写
- 3、家庭成员信息表 (IMM5707E)

其他材料：

- 1、加拿大大学录取/登记办公室的录取通知书复印件，显示申请人需缴纳的准确学费金额、预期的学习起止时间以及申请人最迟的可注册时间
- 2、由申请人本人撰写的学习计划。长度通常为1页。学习计划应阐明以下要点：你为什么希望前往加拿大的学校学习以及为何选择此专业；你的总体学业目标；以及加拿大学历/学位将如何提升你的就业机会
- 3、高中毕业证书的公证件，以及高中登记办公室加盖公章的成绩单公证件。
- 4、18岁或者19岁以下的申请人需要来自于父母及加拿大监护人的监护声明。
- 5、曾经获得的所有大学或学院学历的公证件、以及所有就读中的课程成绩单。如果仍未毕业，请注明预计毕业日期以及你将获得何种学位、学历或证书。
- 6、若申请人年满18岁及以上，请递交无犯罪记录证明的公证件。年满18岁后若在某国或地区曾连续居住六个月或以上、则必须从此国家或地区获取警方无犯罪记录证明。
- 7、申请人父母的雇佣证明。要求如下：

申请人父母各自的现任雇主出具的雇佣证明信原件，须包含父母各自雇主的全称、地址和电话；父/母在该处就业年限、职务、最近两年的收入、有无任何奖金和额外收入。如果申请人由父母以外的人士资助，请按照以上要求提供相应信息；以及地方税务机关出具的最近十二个月中父/母各自个人所得税的缴税单原件，包含缴税人姓名及其名下所缴纳的金额。
- 8、若申请人父母一方或双方拥有或部分拥有某公司，请递交公司登记证明的公证件。
- 9、若申请人在职，请递交雇佣证明信原件，须包含雇主的全称、地址和电话；申请人在该处就业年限、职务、最近两年的收入、有无任何奖金和额外收入。
- 10、如果申请人接受某加拿大大学或其它组织的资助，请递交：详细说明预期学习期间每一年申请人将获得资助的文件原件。



APPLICATION FOR STUDY PERMIT MADE OUTSIDE OF CANADA

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

1 UCI	2 *I want service in
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OFFICE USE ONLY Validated

PERSONAL DETAILS

1 Full name *Family name (as shown on your passport or travel document)		Given name(s) (as shown on your passport or travel document)	
2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? b) Family name		<input type="checkbox"/> *No <input type="checkbox"/> *Yes Given name(s)	
3 *Sex	4 Date of birth *YYYY *MM *DD	5 Place of birth *City/Town *Country or Territory	
6 *Citizenship			
7 Current country or territory of residence:			
Country or Territory	Status	Other	From To
*	*		YYYY-MM-DD YYYY-MM-DD
8 Previous countries or territories of residence: During the past five years have you lived in any country or territory other than your country of citizenship or your current country or territory of residence (indicated above) for more than six months? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
Country or Territory	Status	Other	From To
			YYYY-MM-DD YYYY-MM-DD
			YYYY-MM-DD YYYY-MM-DD
9 Country or territory where applying: Same as current country or territory of residence? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
Country or Territory	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 ▶	
c) Provide the name of your current Spouse/Common-law partner Family name		Date YYYY-MM-DD	
		Given name(s)	

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name	Date of Birth
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PERSONAL DETAILS (CONTINUED)

11 a) Have you previously been married or in a common-law relationship? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
b) Provide the following details for your previous Spouse/Common-law Partner:			
Family name		Given name(s)	
c) Date of birth	d) Type of relationship	From	To
YYYY MM DD		YYYY-MM-DD	YYYY-MM-DD

LANGUAGE(S)

1 *a) Native language/ Mother Tongue	*b) Are you able to communicate in English and/or French?	c) In which language are you most at ease?
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> *No <input type="checkbox"/> *Yes		

PASSPORT

1 *Passport number	2 *Country or territory of issue	3 *Issue date	4 *Expiry date
		YYYY-MM-DD	YYYY-MM-DD
5 * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
6 * For this trip, will you use a National Israeli passport? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			

NATIONAL IDENTITY DOCUMENT

1 Do you have a national identity document? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
2 Document number	3 Country or territory of issue	4 Issue date	5 Expiry date
		YYYY-MM-DD	YYYY-MM-DD

US PR CARD

1 Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)? <input type="checkbox"/> *No <input type="checkbox"/> *Yes	
2 Document number	3 Expiry date
	YYYY-MM-DD

CONTACT INFORMATION

If submitting your application by mail: - 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 e-mail and mailing address(es) in this section and on the IMM5476 form.						
1 Current mailing address						
P.O. box	Apt/Unit	Street no.	*Street name			
*City/Town	*Country or Territory		Province/State	Postal code	District	
2 Residential address Same as mailing address? <input type="checkbox"/> *No <input type="checkbox"/> *Yes						
Apt/Unit	Street no.	Street name			City/Town	
Country or Territory		Province/State	Postal code	District		

Applicant Name				Date of Birth	
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Type Country Code No. Ext.			4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Type Country Code No. Ext.		
5 Fax no. <input type="checkbox"/> Canada/US Country Code No. Ext. <input type="checkbox"/> Other			6 E-mail address		

DETAILS OF INTENDED STUDY IN CANADA

1 I have been accepted at the following educational institution (Attach the original letter of acceptance).					
*a) Name of School		* b) My level of study will be:		c) My field of study will be:	
d) Complete address of school in Canada					
*Province		*City/Town		*Address	
2 a) Designated Learning Institution # (O#)		b) My Student ID # is:		3 Duration of expected study *From *To YYYY-MM-DD YYYY-MM-DD	
4 The cost of my studies will be: *Tuition Room and board Other		5 *Funds available for my stay (CAD)		6 *a) My expenses in Canada will be paid by: b) Other	

If you are less than 17 years of age, you must fill out the Custodian Declaration (IMM 5646) form.

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)? <input type="checkbox"/> *No <input type="checkbox"/> *Yes If you answered "yes", give full details of your highest level of post secondary education.				
1	From YYYY MM	Field and level of study	School/Facility name	
	To YYYY MM	City/Town	Country or Territory	
	Province/State			

EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator.)				
1	From *YYYY *MM	*Current Activity/Occupation	*Company/Employer/Facility name	
	To YYYY MM	*City/Town	*Country or Territory	
	Province/State			
2	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country or Territory	
	Province/State			
3	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country or Territory	
	Province/State			

Applicant Name

Date of Birth

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: 60px; margin-top: 5px;"></div>
2	<p>a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) Have you previously applied to enter or remain in Canada? <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: 60px; margin-top: 5px;"></div>
3	<p>a) Have you ever committed, been arrested for, or been charged with or convicted of any criminal offence in any country or territory? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) If you answered "yes" to question 3a) above, please provide details.</p> <div style="border: 1px solid black; height: 120px; margin-top: 5px;"></div>
4	<p>a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) If you answered yes to question 4a), please provide dates of service and countries or territories where you served.</p> <div style="border: 1px solid black; height: 120px; margin-top: 5px;"></div>
5	<p>Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
6	<p>Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.</p>	

Applicant Name

Date of Birth

SIGNATURE

Citizenship and Immigration Canada (CIC), or an organization at CIC's request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? (Y/N) ☐ No ☐ Yes

I understand that CIC is collecting this personal information to assess whether I should be granted a study permit and will use this information to verify my eligibility for a study permit as well as my compliance with the conditions of my study permit. CIC may disclose my personal information to CBSA to enforce the requirements of the Immigration and Refugee Protection Act.

I also understand that CIC may disclose my personal information to my designated learning institution to inquire whether I am in compliance with the conditions of my study permit. I consent to the disclosure of my personal information by my designated learning institution to CIC for the purpose of determining whether I am in compliance with these conditions. Failure to provide such consent will result in a refusal to grant a study permit.

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 by mail.

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

DISCLOSURE

Information provided to IRCC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), the Department of Foreign Affairs, Trade and Development (DFAIT), Employment and Social Development Canada (ESDC), the Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to or validated with foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and/or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate or prosecute an offence under any law of Canada or a province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to IRCC's line of business and services and the Government of Canada's access to information and privacy programs are available at the [infosource website](#) and through the IRCC Call Centre. Info Source is also available at public libraries across Canada.



FAMILY INFORMATION

Complete ALL names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). Include ALL family members even if they are not accompanying you. If additional space is required, print and attach an additional form.

TYPE OR PRINT IN BLACK INK.

SECTION A

Name	Relationship SEE NOTE 1	Date of birth (YYYY-MM-DD)	Present address (if deceased, give city/town, country and date)	Will accompany you to Canada? YES NO
	Applicant			
Marital status:		Country of birth:	Present occupation:	
	Spouse or common-law partner			<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	
	Mother			<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	
	Father			<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	

NOTE 1: If no spouse or common-law partner is listed in Section A, read and sign below.

I certify that I do not have a spouse or a common-law partner.

Signature: _____

Date (YYYY-MM-DD) _____

SECTION B - CHILDREN (Include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)

Name	Relationship SEE NOTE 2	Date of birth (YYYY-MM-DD)	Present address (if deceased, give city/town, country and date)	Will accompany you to Canada? YES NO
				<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	
				<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	
				<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	
				<input type="checkbox"/> <input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	

NOTE 2: If no children are listed in Section B, read and sign below.

I certify that I do not have any natural, adopted nor step-children.

Signature: _____

Date (YYYY-MM-DD) _____

SECTION C- CERTIFICATION

I certify that the information contained in this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.

Signature: _____

Date (YYYY-MM-DD) _____

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 055, Visitor Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.

INSTRUCTIONS

Who needs to fill out this application form?

This form must be completed by:

- each person, **18 years of age or older, or**
- a minor (**less than 18 years of age**) travelling alone.

SECTION A

Write the personal details for:

- yourself,
- your spouse or common-law partner, (if applicable)
- your mother and
- your father.

Include: full name, date of birth, country of birth, present address and occupation (job).

Check Yes or No to indicate if the person will accompany you to Canada.

If a person is deceased, indicate in which city/town, country and the date of death under "Present address".

If a person is not employed, indicate whether the person is retired, studying, etc.

If a section does not apply to you write "Not applicable" or "N/A".

Note: If you do not have a spouse or a common-law partner, read "**Note 1**", sign and date the declaration.

SECTION B

Write the personal details for your children. It is very important that you list all of your children (even if they are already permanent residents or citizens of Canada). This includes:

- married children,
- adopted children,
- children of your spouse(step-children) or common-law partner,
- any of your children who have been adopted by others,
- any of your children who are in the custody of an ex-spouse, former common-law partner or other guardian.

Include: full name, relationship (e.g. brother, step-sister) date of birth, country of birth, marital status (married, single, widowed, common-law, divorced, separated, annulled marriage), present address and occupation (job).

Check Yes or No to indicate if the person will accompany you to Canada.

If a person is not employed, indicate whether the person is retired, studying, etc.

Note: If you do not have any children, read "**Note 2**", sign and date the declaration.

SECTION C

Signature

Sign and date in the boxes provided at the bottom of the page.

Note: By signing, you certify that you fully understand the questions asked, and that the information you have provided is complete, accurate and factual. If you do not sign or date the form, your application will be returned to you



Details of Education/Employment - APPLICANT

教育就业细节表

Please complete all items in both English or French AND Chinese characters

所有内容请用中文及英文，或中文及法文填写

DATE 日期		NAME & ADDRESS OF SCHOOL 学校的名称及地址	DIPLOMA/ DEGREE 学历/ 学位	TYPE OF COURSE 课程类别
FROM 从	TO 到			

DATE 日期		NAME & ADDRESS OF WORK UNIT/COMPANY 单位/公司的名称及地址	POSITION 职位	TYPE OF BUSINESS 业务类别
FROM 从	TO 到			

Is this your first time travelling outside of China? If no, please provide a summary of your travel history for the past five years including countries travelled to and dates of travel.

此次是否是你的第一次出境旅行？若不是，请提供过去五年中所有出境旅行概况、包括目的地国家及旅行起始日期。

Please PRINT the number of your Chinese national ID card

请将你的中国身份证号码打印于此 _____.

I hereby certify that all information listed on this form is true and complete. I understand that if this information is found to be untrue or incomplete my application will be refused.

我谨声明，本表中所填各项内容均真实详尽。我明白：所列内容如被发现不实或不详，我的申请将被拒签。

Date (日期) Print Name in Pinyin (印刷体拼音姓名) Signature of Applicant in Chinese (申请人签字)



USE OF A REPRESENTATIVE

You do not need to hire a representative, it is your choice. No one can guarantee the approval of your application. All the forms and information that you need to apply are available for free at www.cic.gc.ca.

A representative is someone who has provided advice or guidance to you at any stage of the application process, whether that person received consideration (i.e. compensation) or not. Following the submission of your application, that person may conduct business on your behalf with Citizenship and Immigration Canada (CIC) and the Canada Border Services Agency (CBSA) if you appoint them as your representative by filling out this form. The preceding includes Express Entry submissions. You may have **one** representative only per application. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

Note: You must use this form to appoint a paid or unpaid representative to conduct business with CIC or the CBSA on your behalf. You must also use this form to: 1. notify CIC if your representative's contact information changes, 2. if you wish to cancel the appointment of your current representative and represent yourself, or, 3. if you wish to cancel the appointment of your current representative and appoint a new representative

- I am: ☐ appointing a representative. **Complete Sections A, B and D.**
☐ cancelling the appointment of a representative. **Complete Section A, C and D.**

SECTION A: APPLICANT INFORMATION

1. Your full name

Family name (Surname)

Given name(s)

2. Your date of birth

(YYYY-MM-DD)

3. If you have already submitted your application:

Name of office where the application was submitted

Type of application (permanent residence, extension of study permit, citizenship, etc.)

4. Your Citizenship and Immigration Canada Identification number (if known)

Client Identification (ID) or
Unique Client Identifier (UCI) number

SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency. **Note:** Even if a representative is being paid or compensated by someone other than you (the applicant), the representative is still considered to be a compensated representative.
- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

5. Your representative's full name

Family name (Surname)

Given name(s)

6. Your representative: (choose one)

is UNCOMPENSATED and is a:

- ☐ family member or friend
- ☐ member of a non-governmental or religious organization
- ☐ member of the Immigration Consultants of Canada Regulatory Council (ICCRC), a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*
- ☐ other

is or will be COMPENSATED and is a member in good standing of:

- ☐ the Immigration Consultants of Canada Regulatory Council (ICCRC)

► Membership ID number

- ☐ a Canadian provincial or territorial law society

► Which province or territory?

► Membership ID number

- ☐ the *Chambre des notaires du Québec*

► Membership ID number

7. Your representative's contact information

Name of firm or organization (if applicable)			
If student-at-law, write the name of the supervising lawyer			Supervising lawyer membership ID
Mailing address			
Postal code/ZIP			
Telephone number	Country code	Area code	Number
	()		
Fax number	Country code	Area code	Number
	()		
Email 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 email 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

Date

 (YYYY-MM-DD)
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. Your declaration**

- 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

 (YYYY-MM-DD)
Signature of spouse or common-law partner
for sponsorship application

Date

 (YYYY-MM-DD)

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 the *Citizenship 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* and the *Citizenship 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. **Infosource is also available in Canadian public libraries.**