

Canadian Embassy



Ambassade du Canada

STUDY PERMIT APPLICATION KIT

Read this kit carefully before submitting your application. All documents must be submitted at the same time as your application and processing fee. All questions must be answered, and all boxes on the document checklist must be completed.

The request for the documentation set out in this application kit shall be considered a request by a visa officer under section 16 of the *Immigration and Refugee Protection Act* to produce all relevant evidence and documentation for the purpose of establishing that you are admissible to Canada and meet the requirements of the Act.

Failure to submit this material will result in your application being assessed based on the documentation submitted, which may result in your application being refused.

Please take care in answering, and be thorough. A final decision will likely be made without further communication with you.

Application kits are **free of charge** and can be obtained in person, from Monday to Thursday, 8:15-11:30, or by mail (use the address or fax number above and provide us with your address in Chinese characters), or downloaded from the internet address: www.beijing.gc.ca

WARNING

Agents and Representatives: You may prepare and submit your application yourself, or by an individual who provides such services for free (family members, friends, non-governmental and religious organizations, etc.), or you may decide to hire an authorized representative to do so. An authorized representative must be either: immigration consultants who are members of the Canadian Society of Immigration Consultants; lawyers who are members of a Canadian law society; or notaries who are members of the Chambre des notaires du Québec. All applications are treated equally, regardless of whom it is submitted by. You, as the applicant, are responsible for all information submitted. Please be sure to review all the information on your application form and ensure that all questions are answered truthfully before signing and dating the forms.

Agent Identification: Please note that all persons who assist in the preparation of study permit applications must be identified in Question One of the Questionnaire in the student application kit. If you are authorizing the release of your file information to an authorized representative, this person must be identified on Form IMM 5476E.

Misrepresentation Will Result in Your Application Being Refused.

If you or someone acting on your behalf directly or indirectly misrepresents facts relating to your application for a Study Permit:

- your application will be refused;
- the circumstances of your refusal will be entered into Canada's global immigration database; and
- you could become inadmissible to Canada for 2 years under section 40 (2) of the *Immigration and Refugee Protection Act*.

1. Requirements for a Canadian Study Permit

You must show the officer that you meet the requirements of the Canadian *Immigration and Refugee Protection Act* and *Regulations* and that you will be in Canada for a temporary stay. You must also:

- satisfy an officer that you will leave Canada at the end of your period of authorised stay
- have been accepted by an educational institution and hold a valid letter of acceptance
- prove that you have enough money during your stay in Canada to pay for:
 - tuition fees;
 - living expenses for yourself and accompanying family members; and
 - return transportation for yourself and accompanying family members (please see 3. Financial Support for details);
- produce any documents requested by the officer to establish your admissibility;
- complete a medical examination, if required.

2. Processing Fees

Please see the enclosed fee schedule for information pertaining to processing fees for study permit applications. Please note that the processing fee is **not** refundable if your application is refused or withdrawn.

3. Financial Support

You must demonstrate that you will have enough money to pay for transportation, tuition fees, books, and living expenses for yourself and accompanying family members. Living expenses will normally be approximately CDN \$10,000 per year for you, about CDN \$4,000 per year for an accompanying spouse or common law partner, and CDN \$3,000 for each additional family member.

In order to establish financial ability to support your studies, family banking records must be submitted for funds that show a history of at least 18 months. In order to demonstrate this, we require the following:

- original Certificates of Deposit dated within the last 2 months showing current funds available AND
- original deposit slips and/or original bank passbooks AND
- a written explanation of the source of funds.

Please note that documents such as bank interest slips and photocopies of originals will not be accepted to demonstrate financial ability. Documents pertaining to other types of assets, such as stock holdings or property, may be included, though these should not be used to replace the documents requested above.

If you have been awarded a scholarship, please provide related original documentation, including an original letter from the funding body detailing the full amount you are to receive during each year of proposed study.

5. Plan of Studies

You must attach a study plan to the application. It will normally be 1-2 pages in length. It should address the following issues:

1. Why you wish to come to Canada to study at the school and in the program for which you have been accepted;
2. What is your overall educational goal;
3. Why you are not pursuing less expensive alternatives in China (what are those alternatives? have you investigated them?);
4. What ties do you have to China that will lead you to return to China following your course of studies?
5. How will this Canadian diploma/degree increase your chances in the Chinese labour market?

6. Studying in the Province of Quebec

If you plan to study in the province of Quebec, you must submit a Certificat d'acceptation du Québec (CAQ). We now require this to be submitted along with your application. The school that has accepted you should provide you with an application form and information.

7. Required Supporting Documents

This kit contains an application and other forms which must be completed. The **Documents Checklist** will assist you in determining which forms, items and documents must be submitted, and which special requirements may apply. Review each item on the checklist, and include all that apply to your situation.

Submitting the necessary documents does not guarantee that your application will be approved; however, failure to provide these documents will increase the likelihood of your application being refused.

Important:

1. All documents in Chinese must be accompanied by a translation into English or French.
2. All original documents and most photocopied documents will be returned to you, except the application form and study plan. Any documents identified as fraudulent will be retained on file.

8. After Submission of the Application

The length of time required to process an application will vary, depending on number of applications received and available resources. For information regarding processing times, please consult our web site at www.beijing.gc.ca

You are strongly urged to submit your application to the Embassy at least 4 months before the first day of classes.

The Embassy will not respond to enquiries in cases that are within the period of posted processing times. All correspondence with the Embassy must be in English or French. Please note that repeated correspondence with the Embassy delays processing of all applications.

The Canadian Privacy Act requires that all applications be treated in strict confidence. Since it is impossible to identify telephone callers, case information will not be disclosed over the telephone. Furthermore, in order to be allowed to release personal information to third parties, the Embassy must be provided with written consent from the applicant. **No information will be released to a paid representative unless a completed form "Use of a Representative" (IMM5476B) is on file.**

We may be contacted by letter or fax. If your application is refused, the Embassy cannot help you get a refund of any tuition fees you have paid. You must obtain a refund directly from the school.

Warning: Case Status Verification

The combination of your file number and your date of birth will enable case status verification on our Internet site. Therefore, you should not share your file number with anyone who you do not wish to know the status of your file.

All documents submitted in a language other than English or French must be translated. Translations in English or French must accompany all Chinese language documents.

Canadian Embassy / Ambassade du Canada
Immigration Section / Section de l'immigration
19 Dongzhimenwai Dajie
Chao Yang District, Beijing, 100600 PRC
Fax: (86-10) 6532-1684
Internet: www.beijing.gc.ca

DOCUMENT CHECKLIST

Please indicate in the boxes which documents you have enclosed and attach the Document Checklist to your application. If any of the required documents are missing, your application form will be returned to you.

[illegible]



APPLICATION FOR A STUDY PERMIT MADE OUTSIDE OF CANADA
DEMANDE DE PERMIS D'ÉTUDES PRÉSENTÉE À L'EXTÉRIEUR DU CANADA

I want service in:
Je veux être servi(e) en :

☐ English
Anglais

☐ French
Français

File - Référence

1	APPLICANT(S) REQUÉRANT(S)	APPLICANT REQUÉRANT	SPOUSE OR COMMON-LAW PARTNER AND CHILDREN CONJOINT OU CONJOINT DE FAIT ET ENFANTS			
	Family name Nom de famille					
	First name Prénom					
	Second name Autre prénom					
	Relationship Lien de parenté	SELF LUI-MÊME				
	Sex Sexe					
	Date of birth Date de naissance	D - J M Y - A	D - J M Y - A	D - J M Y - A	D - J M Y - A	D - J M Y - A
	Place of birth Lieu de naissance					
	Citizenship Citoyenneté					
	Passport no. N° de passeport					
	Passport expiry date Date d'expiration du passeport	D - J M Y - A	D - J M Y - A	D - J M Y - A	D - J M Y - A	D - J M Y - A
	Country of issue Pays de délivrance					
	Marital status État matrimonial					
	Will accompany you to Canada? Vous accompagnera au Canada?	<input type="checkbox"/> Yes Oui <input type="checkbox"/> No Non	<input type="checkbox"/> Yes Oui <input type="checkbox"/> No Non	<input type="checkbox"/> Yes Oui <input type="checkbox"/> No Non	<input type="checkbox"/> Yes Oui <input type="checkbox"/> No Non	<input type="checkbox"/> Yes Oui <input type="checkbox"/> No Non

2	My current mailing address. All correspondence will go to this address unless you indicate your e-mail address below, thereby authorizing correspondence, including file and personal information, be provided to the specified e-mail address. If you wish to authorize the release of information from your case file to a representative, indicate their address below and on the form IMM 5476. Mon adresse postale actuelle. Toute la correspondance sera envoyée à cette adresse, sauf si vous fournissez une adresse de courriel, auquel cas la correspondance autorisée, y compris vos renseignements personnels, sera envoyée à cette adresse de courriel. Si vous désirez autoriser la transmission de renseignements concernant votre dossier à un représentant, indiquez son adresse ci-dessous et sur le formulaire IMM 5476.	3	My residential address (if different from your mailing address) Mon adresse personnelle (si elle est différente de votre adresse postale)
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E-mail Courriel Telephone number Numéro de téléphone Fax number Numéro de télécopieur

4	My present job is (give a brief description of your position) Ma profession actuelle (Indiquer le titre de votre emploi et une brève description du poste)	5	Name and address of my present employer or school Nom et adresse de mon employeur actuel ou de l'établissement d'enseignement
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6	a) Immigration status of applicant(s) in country where applying: Statut par rapport à l'immigration du (des) requérant(s) dans le pays où la demande est présentée	b) Valid until Valable jusqu'au	D - J M Y - A
<input type="checkbox"/> Citizen Citoyen	<input type="checkbox"/> Permanent resident Résident permanent	<input type="checkbox"/> Temporary Resident Résident Temporaire	<input type="checkbox"/> Worker Travailleur
<input type="checkbox"/> Student Étudiant	<input type="checkbox"/> Other (Provide details below) Autre (Précisez ci-dessous)		

DO NOT WRITE IN THIS SPACE
ESPACE RÉSERVÉ

Officer - Agent

7 I have been accepted at the following educational institution (attach original letter of acceptance) J'ai été accepté à l'établissement d'enseignement suivant (joindre l'original de la lettre d'acceptation)			
Name of school Nom de l'établissement d'enseignement		Complete address of school in Canada Indiquer l'adresse au complet de cet établissement au Canada	
8 My program of study and level will be Mon programme d'études		9 My program of study will begin Mon programme d'études commencera <div style="display: flex; justify-content: space-around; font-size: small;"> D - J M Y - A </div>	
10 The cost of my studies will be (in Canadian dollars) Coût de mes études (en dollars canadiens)		<div style="display: flex; justify-content: space-between;"> <div> Tuition Frais de scolarité \$ </div> <div> Room and board Pension \$ </div> <div> Other Autre \$ </div> </div>	
11 Funds available for my stay in Canada Je dispose, pour mon séjour au Canada, de CDN \$ \$ CAN		My expenses in Canada will be paid by Mes dépenses au Canada seront assumées par <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Myself or my parents Moi-même ou mes parents </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Other (provide details below) D'autre (préciser ci-dessous) </div>	
<div style="text-align: right; font-size: x-small;"> "X" THE APPROPRIATE BOX INSCRIRE « X » DANS LA CASE APPROPRIÉE </div>			
a) Within the past two years, have you or a family member had tuberculosis of the lung or been in close contact with a person with tuberculosis of the lung? Au cours des deux dernières années, avez-vous eu, vous ou un des membres de votre famille, la tuberculose pulmonaire ou été en contact avec une personne qui a la tuberculose pulmonaire? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes Oui </div> <div style="float: right; text-align: right;"> <input type="checkbox"/> No Non </div>			
b) Do you or an accompanying family member have any physical or mental disorder for which that person will require social and/or health services, other than medication, during the stay? Avez-vous, vous ou un des membres de votre famille qui vous accompagne, un trouble physique ou mental qui nécessiterait des services sociaux et/ou des soins de santé autres que des médicaments durant le séjour? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes Oui </div> <div style="float: right; text-align: right;"> <input type="checkbox"/> No Non </div>			
Have you or any member of your family ever: Est-ce que vous-même ou tout membre de votre famille :			
c) Committed, been arrested or charged with any criminal offence in any country? Avez-vous commis, ou avez-vous été arrêté pour avoir commis ou accusé d'avoir commis une infraction pénale quelconque dans n'importe quel pays? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes Oui </div> <div style="float: right; text-align: right;"> <input type="checkbox"/> No Non </div>			
d) Been refused admission to, or ordered to leave Canada? Vous a-t-on jamais refusé l'admission au Canada, ou enjoint de quitter le Canada? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes Oui </div> <div style="float: right; text-align: right;"> <input type="checkbox"/> No Non </div>			
e) Applied for any Canadian Immigration visas (e.g. Permanent Resident, Student, Worker, Temporary Resident (visitor), Temporary Resident Permit)? Avez-vous demandé un visa canadien auparavant? (par exemple, un visa de résident permanent, d'étudiant, de travailleur, de résident temporaire [visiteur] ou un permis de séjour temporaire)? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes Oui </div> <div style="float: right; text-align: right;"> <input type="checkbox"/> No Non </div>			
f) Been refused a visa to travel to Canada? Vous a-t-on jamais refusé un visa pour le Canada? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes Oui </div> <div style="float: right; text-align: right;"> <input type="checkbox"/> No Non </div>			
g) In periods of either peace or war, have you ever 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? En période de paix ou de guerre, avez-vous déjà participé à la commission d'un crime de guerre ou d'un crime contre l'humanité, c'est-à-dire de tout acte inhumain commis contre des populations civiles ou des prisonniers de guerre, par exemple, l'assassinat, la torture, l'agression, la réduction en esclavage ou la privation de nourriture, etc., ou encore participé à la déportation de civils? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes Oui </div> <div style="float: right; text-align: right;"> <input type="checkbox"/> No Non </div>			
If you answer "yes" to any of the questions c) to g) above, you must provide details in the box below marked "Related information". Si vous répondez « oui » à l'une ou plusieurs des questions c) à g) ci-dessus, vous devez fournir des détails dans cette case « Détails ».			
Related information - Détails			
13 During the past five years have you or any family member accompanying you lived in any other country than your country of citizenship or permanent residence for more than six months? Au cours des cinq dernières années, avez-vous ou n'importe quel membre de votre famille vous accompagnant a-t-il vécu dans un autre pays que votre pays de citoyenneté ou de résidence permanente pendant plus de six mois? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes Oui </div> <div style="float: right; text-align: right;"> <input type="checkbox"/> No Non </div>			
If answer to question 13 is "yes", list countries and length of stay Si la réponse à la case 13 est affirmative, indiquer le nom de ces pays et la durée du séjour			
Name Nom	Country Pays	Length of stay - Durée du séjour	
		From - De	To - À
		D - J M Y - A	D - J M Y - A
14 I declare that I have answered all required questions in this application fully and truthfully Je déclare avoir donné des réponses exactes et complètes à toutes les questions de la présente demande			
Signature of applicant - Signature du requérant		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> D-J M Y-A </div> Date	

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 student. It will be stored in Personal Information Bank CIC PPU 051, Foreign Student Records and Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.

Les renseignements fournis sur ce formulaire sont recueillis en vertu de la *Loi sur l'immigration et la protection des réfugiés* pour établir si vous êtes admissible au Canada à titre d'étudiant. Ils seront versés au fichier de renseignements personnels CIC PPU 051, Dossier et fichier des étudiants étrangers. Ils sont protégés et accessibles en vertu de la *Loi sur la protection des renseignements personnels* et de la *Loi sur l'accès à l'information*.






APPLICATION FOR A STUDY PERMIT MADE OUTSIDE OF CANADA DEMANDE DE PERMIS D'ÉTUDES PRÉSENTÉE À L'EXTÉRIEUR DU CANADA

I want service in: ☐ English ☐ French
Je veux être servi(e) en : ☐ Anglais ☐ Français

File - Référence

1	APPLICANT(S) REQUÉRANT(S)	APPLICANT REQUÉRANT	SPOUSE OR COMMON-LAW PARTNER AND CHILDREN CONJOINT OU CONJOINT DE FAIT ET ENFANTS			
	Family name Nom de famille					
	First name Prénom					
	Second name Autre prénom					
	Relationship Lien de parenté	SELF LUI-MÊME				
	Sex Sexe					
	Date of birth Date de naissance	D - J M Y - A	D - J M Y - A	D - J M Y - A	D - J M Y - A	D - J M Y - A
	Place of birth Lieu de naissance					
	Citizenship Citoyenneté					
	Passport no. N° de passeport					
	Passport expiry date Date d'expiration du passeport	D - J M Y - A	D - J M Y - A	D - J M Y - A	D - J M Y - A	D - J M Y - A
	Country of issue Pays de délivrance					
	Marital status État matrimonial					
	Will accompany you to Canada? Vous accompagnera au Canada?	<input type="checkbox"/> Yes Oui <input type="checkbox"/> No Non	<input type="checkbox"/> Yes Oui <input type="checkbox"/> No Non	<input type="checkbox"/> Yes Oui <input type="checkbox"/> No Non	<input type="checkbox"/> Yes Oui <input type="checkbox"/> No Non	<input type="checkbox"/> Yes Oui <input type="checkbox"/> No Non

2	My current mailing address. All correspondence will go to this address unless you indicate your e-mail address below, thereby authorizing correspondence, including file and personal information, be provided to the specified e-mail address. If you wish to authorize the release of information from your case file to a representative, indicate their address below and on the form IMM 5476. Mon adresse postale actuelle. Toute la correspondance sera envoyée à cette adresse, sauf si vous fournissez une adresse de courriel, auquel cas la correspondance autorisée, y compris vos renseignements personnels, sera envoyée à cette adresse de courriel. Si vous désirez autoriser la transmission de renseignements concernant votre dossier à un représentant, indiquez son adresse ci-dessous et sur le formulaire IMM 5476.	3	My residential address (if different from your mailing address) Mon adresse personnelle (si elle est différente de votre adresse postale)
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E-mail  Courriel Telephone number  Numéro de téléphone Fax number  Numéro de télécopieur

4	My present job is (give a brief description of your position) Ma profession actuelle (Indiquer le titre de votre emploi et une brève description du poste)	5	Name and address of my present employer or school Nom et adresse de mon employeur actuel ou de l'établissement d'enseignement
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Name of school Nom de l'établissement d'enseignement		Complete address of school in Canada Indiquer l'adresse au complet de cet établissement au Canada	
8 My program of study and level will be Mon programme d'études		9 My program of study will begin Mon programme d'études commencera <div style="display: flex; justify-content: space-around; font-size: small;"> D - J M Y - A </div> <div style="display: flex; justify-content: space-around; height: 20px;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	
My program of study will end Mon programme d'études se terminera <div style="display: flex; justify-content: space-around; font-size: small;"> D - J M Y - A </div> <div style="display: flex; justify-content: space-around; height: 20px;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>			
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		Room and board Pension \$	
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12 <div style="text-align: right; font-size: small;"> "X" THE APPROPRIATE BOX INSCRIRE « X » DANS LA CASE APPROPRIÉE </div>			
a) Within the past two years, have you or a family member had tuberculosis of the lung or been in close contact with a person with tuberculosis of the lung? Au cours des deux dernières années, avez-vous eu, vous ou un des membres de votre famille, la tuberculose pulmonaire ou été en contact avec une personne qui a la tuberculose pulmonaire? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes Oui <input type="checkbox"/> No Non </div>			
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g) In periods of either peace or war, have you ever 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? En période de paix ou de guerre, avez-vous déjà participé à la commission d'un crime de guerre ou d'un crime contre l'humanité, c'est-à-dire de tout acte inhumain commis contre des populations civiles ou des prisonniers de guerre, par exemple, l'assassinat, la torture, l'agression, la réduction en esclavage ou la privation de nourriture, etc., ou encore participé à la déportation de civils? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes Oui <input type="checkbox"/> No Non </div>			
If you answer "yes" to any of the questions c) to g) above, you must provide details in the box below marked "Related information". Si vous répondez « oui » à l'une ou plusieurs des questions c) à g) ci-dessus, vous devez fournir des détails dans cette case « Détails ».			
Related information - Détails			
13 During the past five years have you or any family member accompanying you lived in any other country than your country of citizenship or permanent residence for more than six months? Au cours des cinq dernières années, avez-vous ou n'importe quel membre de votre famille vous accompagnant a-t-il vécu dans un autre pays que votre pays de citoyenneté ou de résidence permanente pendant plus de six mois? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes Oui <input type="checkbox"/> No Non </div>			
If answer to question 13 is "yes", list countries and length of stay Si la réponse à la case 13 est affirmative, indiquer le nom de ces pays et la durée du séjour			
Name Nom	Country Pays	Length of stay - Durée du séjour	
		From - De	To - À
		D - J M Y - A	D - J M Y - A
14 I declare that I have answered all required questions in this application fully and truthfully Je déclare avoir donné des réponses exactes et complètes à toutes les questions de la présente demande			
Signature of applicant - Signature du requérant		Date <div style="display: flex; justify-content: space-around; font-size: small;"> D-J M Y-A </div> <div style="display: flex; justify-content: space-around; height: 20px;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	

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 student. It will be stored in Personal Information Bank CIC PPU 051, Foreign Student Records and Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.

Les renseignements fournis sur ce formulaire sont recueillis en vertu de la *Loi sur l'immigration et la protection des réfugiés* pour établir si vous êtes admissible au Canada à titre d'étudiant. Ils seront versés au fichier de renseignements personnels CIC PPU 051, Dossier et fichier des étudiants étrangers. Ils sont protégés et accessibles en vertu de la *Loi sur la protection des renseignements personnels* et de la *Loi sur l'accès à l'information*.

FAMILY COMPOSITION INFORMATION

家属表

APPLICANT

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

RELATIONSHIP 关系	NAME 姓名	DATE & PLACE OF BIRTH 出生日期及地点	PRESENT ADDRESS 现行地址	PRESENT OCCUPATION 现行职业
Visa Applicant 签证申请人				
Spouse 申请人配偶				
Mother 申请人之母亲				
Father 申请人之父亲				

CHILDREN:(INCLUDING ALL SONS AND DAUGHTERS PLUS ADOPTED AND STEP CHILDREN REGARDLESS OF AGE OR PLACE OF RESIDENCE)

申请人之子女 (包括所有子女及继养、收养之子女, 无论其年龄大小或居住地在何处均须包括在内)

NAME 姓名	RELATION & SEX 关系 & 性别	MARITAL STATUS 婚姻状况	DATE & PLACE OF BIRTH 出生日期及地点	PRESENT ADDRESS 现行地址	PRESENT OCCUPATION 现行职业

BROTHERS AND SISTERS: (INCLUDING HALF AND STEP BROTHERS AND SISTERS)

申请人之兄弟姊妹 (包括同父异母及同母异父之兄弟姊妹)

NAME 姓名	RELATION & SEX 关系 & 性别	MARITAL STATUS 婚姻状况	DATE & PLACE OF BIRTH 出生日期及地点	PRESENT ADDRESS 现行地址	PRESENT OCCUPATION 现行职业

Date (日期)

Signature of Applicant (申请人签字)

DETAILS OF EDUCATION AND EMPLOYMENT

教育和就业细节表

APPLICANT

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			
FROM 从	TO 到	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

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，本表所填各项内容均真实详尽。我明白，所填内容如被发现不实或不详，我的申请将被拒签。

Name of Applicant in Pinyin

申请人姓名之汉语拼音

Signature of Applicant

申请人签字

Date

日期

FAMILY COMPOSITION AND
DETAILS OF EDUCATION AND EMPLOYMENT

家属表及教育和就业细节表

FATHER

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			

Employment for the last 10 years:
过去 10 年的就业细节:

FROM 从	TO 到	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

BROTHERS AND SISTERS: (INCLUDING HALF AND STEP BROTHERS AND SISTERS)
申请人父亲之兄弟姊妹: (包括同父异母及同母异父之兄弟姊妹)

NAME 姓名	RELATION & SEX 关系 & 性别	MARITAL STATUS 婚姻状况	DATE & PLACE OF BIRTH 出生日期及地点	PRESENT ADDRESS 现行地址	PRESENT OCCUPATION 现行职业

Date (日期)

Signature of Applicant's Father (父亲签字)

FAMILY COMPOSITION AND
DETAILS OF EDUCATION AND EMPLOYMENT

家属表及教育和就业细节表

MOTHER

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			

Employment for the last 10 years:
过去 10 年的就业细节:

FROM 从	TO 到	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

BROTHERS AND SISTERS: (INCLUDING HALF AND STEP BROTHERS AND SISTERS)
申请人母亲之兄弟姊妹: (包括同父异母及同母异父之兄弟姊妹)

NAME 姓名	RELATION & SEX 关系 & 性别	MARITAL STATUS 婚姻状况	DATE & PLACE OF BIRTH 出生日期及地点	PRESENT ADDRESS 现行地址	PRESENT OCCUPATION 现行职业

Date (日期)

Signature of Applicant's Mother (母亲签字)

QUESTIONNAIRE

1. If an individual, firm or organization assisted in preparing this application, please complete the following section. The areas marked in **bold** MUST be completed. Note that information regarding this application will not be released to anyone other than you, the applicant, if this information is not provided.

Agent Name (person) (Characters and pinyin): _____

Agency Name (Chinese name in Characters and Pinyin, and English name):

Agent Address (Characters and Pinyin):

Street Name: _____

Number/Office: _____

District: _____

City: _____

Postal Code: _____

Telephone (land line): _____

Fax Number: _____

Cell phone number: _____

2. Do you have family members residing abroad? If yes, please provide their full names, dates of birth, their place of residence and the nature of your relationship with them:

☐ **NO** / ☐ **YES** Name(s): _____

Place of Residence: _____

Relationship: _____

3. Have you ever applied for a visa to travel to any country other than Canada?

☐ **NO** / ☐ **YES** If YES, please specify when, what countries and whether you were approved or refused a visa?

4. Please provide your mailing address and postal code in Chinese characters.

PHOTOGRAPH SPECIFICATIONS

照片要求细则

TAKE THIS WITH YOU TO THE PHOTOGRAPHER
携带此要求前去照相

Requirements:

要求:

You must provide 4 photos with your application for a Temporary Resident Visa, Study Permit, or Work Permit. It is imperative that your photos be compliant with the following specifications otherwise they will be rejected. You will be required to provide new photos before your application can be processed.

申请临时居民访问签证、学习许可或工作许可需要递交4张照片。照片必须符合下列要求，否则将不被接受。我们会在审理你的申请前要求你递交新的照片。

To avoid delays, please ensure that the photos provided with your application meet these requirements.

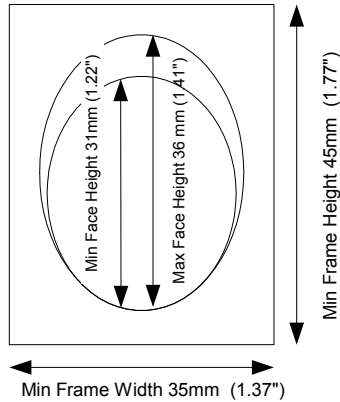
请确保你递交的照片符合这些要求以避免延误申请审理。

Photograph specifications:

照片要求细则:

- Four identical photos, black and white or colour, taken within the last 6 months. 最近6个月内拍摄的四张同样的照片，黑白或彩色均可。
- Must be clear and well defined, taken against a plain white or light coloured background. 照片必须清晰并轮廓分明，背景为纯白色或浅色。
- Digital photos must not be altered in any way. 数码相片不能做任何修改。
- The face must be square to the camera with a neutral expression, neither frowning nor smiling, with the mouth closed. 脸部须正对照相机，保持正常表情，不要皱眉或微笑，且嘴部合拢。
- Tinted prescription glasses may be worn as long as the eyes are clearly visible and the frame is not covering any part of the eyes. Sunglasses are not acceptable. 可以佩戴带色彩的有度数的眼睛，只要申请人双眼清晰可见且镜框不遮挡眼睛的任何部分。不要佩戴太阳镜。
- False hairpieces or other cosmetic devices are acceptable if they do not disguise the natural appearance of the bearer. 可以佩戴假发或其它装饰品，只要它们不影响申请人的本来面貌。
- Photos in which the applicant is wearing a hat or head covering worn for religious reasons are acceptable if the full facial features are not obscured. 只要脸部特征能全部体现，则申请人可以佩戴帽子或出于宗教原因将头部盘裹。

**Photo and Head Size
Specification**
照片和头部大小要求



- The frame size must be 35mm X 45mm (1.37" X 1.77"). 相片外沿大小必须为35毫米 X 45毫米 (1.37寸 X 1.77寸)。
- Must show the full front view of the head, with the face in the middle of the photo and include the top of the shoulders. 必须在照片中体现整个头部的正面，脸部在照片中间，且要包括肩部上端。
- Size of the head, chin to crown*, must be between 31mm (1.22") and 36mm (1.41"). 头部的大小，即从下巴到头顶*的长度，必须在 31毫米 (1.22寸) 至36毫米 (1.41寸) 之间。

* Crown: top of the head, or (if obscured by hair or headwear), where the top of the head/skull would be if it could be seen. * 头顶：头部的最上端，或（如果受头发或头饰的影响），可见到的头部/脑壳最上端。

Photos which do not meet these specifications will not be accepted.
不符合这些要求的照片将不被接受。



USE OF A REPRESENTATIVE

A representative is someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA). You may have **one** representative only. 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.

Your dependent children aged 18 years or older must complete their own copy of this form if they have a 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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. If you have already submitted your application:

Name of office where the application was submitted

Location of office

Type of application
(permanent residence, extension of study permit, 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.
- 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 **UNPAID** and is a:

- ☐ family member or friend
- ☐ member of a non-governmental or religious organization
- ☐ member of the Canadian Society of Immigration Consultants, a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*.
- ☐ other

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

- ☐ the Canadian Society of Immigration Consultants (CSIC)
▶ 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)			
Mailing address			
Postal code/ZIP			
Telephone number	Country code ()	Area code ()	Number
Fax number	Country code ()	Area code ()	Number
E-mail address (if applicable)			

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

Day	Month	Year

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.**

- I declare that the information I have given is truthful, complete and correct.
- I understand all the foregoing statements, having asked for and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date

Day	Month	Year

Signature of spouse or common-law partner
(if applicable)

Date

Day	Month	Year

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 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**. 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.**



USE OF A REPRESENTATIVE

A representative is someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA). You may have **one** representative only. 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.

Your dependent children aged 18 years or older must complete their own copy of this form if they have a 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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. If you have already submitted your application:

Name of office where the application was submitted

Location of office

Type of application
(permanent residence, extension of study permit, 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.
- 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 **UNPAID** and is a:

- ☐ family member or friend
- ☐ member of a non-governmental or religious organization
- ☐ member of the Canadian Society of Immigration Consultants, a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*.
- ☐ other

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

- ☐ the Canadian Society of Immigration Consultants (CSIC)
▶ 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)			
Mailing address			
Postal code/ZIP			
Telephone number	Country code ()	Area code ()	Number
Fax number	Country code ()	Area code ()	Number
E-mail address (if applicable)			

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

Day	Month	Year

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.**

- I declare that the information I have given is truthful, complete and correct.
- I understand all the foregoing statements, having asked for and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date

Day	Month	Year

Signature of spouse or common-law partner
(if applicable)

Date

Day	Month	Year

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 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**. 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.**