



# REQUEST FOR EXEMPTION FROM PERMANENT RESIDENT VISA REQUIREMENT

## TYPE OF APPLICATION

(Place an "X" in the box which describes the type of application you are making)

- I AM APPLYING AS A:
- Humanitarian and compassionate case
  - Family member 18 years or older of the above

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RPRF	Client ID number
Amount paid	
Date Day Month Year	Client file number
Initials	Processing fees for dependants <input type="checkbox"/> Paid <input type="checkbox"/> Not paid

REFER TO THE INSTRUCTIONS FOR IMPORTANT INFORMATION ON HOW TO COMPLETE THIS FORM

### A PERSONAL INFORMATION

1	Surname (Family name as written in your passport)		Given name(s)		Middle name
2	All other names (Include birth name, maiden name, previous married name(s), aliases and nicknames)				3 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
4	Height cm or Feet Inches	5 Eye colour <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Hazel (yellowish brown) <input type="checkbox"/> Other _____			
6	Date of birth Day Month Year	Place of birth City/Town	Province/State	Country	
7	Citizen of (1) _____ (2) _____		8 Country of last permanent residence	9 Current Marital Status (check only one) <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common-law	
10	Languages Speak Read Write English <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> French <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Mother tongue (Write the first language spoken at home) Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French Language in which you would like to be interviewed		
11	Last time you entered Canada Day Month Year	Place			
12	Current address in Canada (no. and street)		Apt. no.	13 Mailing address <input type="checkbox"/> Same as in Box 12 or	
City			City		
Province		Postal code	Province		Postal code
Home telephone number in Canada Area code Number	14 Alternative telephone no. for messages Area code Number		15 Fax no. Area code Number		

### B MY FAMILY MEMBERS IN CANADA

1	2	3	4	5	6	7
NAME	RELATIONSHIP	DATE OF BIRTH Day Month Year	TYPE	COUNTRY OF BIRTH	CITIZENSHIP	LANGUAGE
1. Surname			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> ENG. <input type="checkbox"/> FR. Mother tongue
Given name(s)		Client ID no.				
Height cm or Feet Inches	Eye colour <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Hazel (yellowish brown) <input type="checkbox"/> Other _____					
2. Surname			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> ENG. <input type="checkbox"/> FR. Mother tongue
Given name(s)		Client ID no.				
Height cm or Feet Inches	Eye colour <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Hazel (yellowish brown) <input type="checkbox"/> Other _____					
3. Surname			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> ENG. <input type="checkbox"/> FR. Mother tongue
Given name(s)		Client ID no.				
Height cm or Feet Inches	Eye colour <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Hazel (yellowish brown) <input type="checkbox"/> Other _____					

**C MY FAMILY MEMBERS LIVING OUTSIDE OF CANADA** Attach a separate sheet of paper if necessary.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
SURNAME (last name)	GIVEN NAME(s)	RELATIONSHIP	DATE OF BIRTH Day Month Year	TYPE OF DEPENDENT CHILD <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
1.				
Height cm or Feet Inches		Eye colour <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Hazel (yellowish brown) <input type="checkbox"/> Other _____		
2.				
Height cm or Feet Inches		Eye colour <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Hazel (yellowish brown) <input type="checkbox"/> Other _____		
3.				
Height cm or Feet Inches		Eye colour <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Hazel (yellowish brown) <input type="checkbox"/> Other _____		
4.				
Height cm or Feet Inches		Eye colour <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Hazel (yellowish brown) <input type="checkbox"/> Other _____		
5.				
Height cm or Feet Inches		Eye colour <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Hazel (yellowish brown) <input type="checkbox"/> Other _____		
6.				
Height cm or Feet Inches		Eye colour <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Hazel (yellowish brown) <input type="checkbox"/> Other _____		
Address of spouse or common-law partner ▶				Apt. no.
City	Country	Postal code	Telephone ( )	Area code No.
Address of children ▶ Same as spouse or common-law partner <input type="checkbox"/> OR ▶		Name of guardian		
No. & street				Apt. no.
City	Country	Postal code	Telephone ( )	Area code No.

**D PASSPORT/TRAVEL DOCUMENT** Please provide details of passport/travel document for yourself and any family members in Canada. Attach a separate sheet of paper if necessary.

NAME ON DOCUMENT	TYPE OF DOCUMENT	COUNTRY OF ISSUE	DATE OF ISSUE			EXPIRY DATE			SERIAL NUMBER
			Day	Month	Year	Day	Month	Year	
Yourself									
Your family members in Canada									
1.									
2.									
3.									
4.									
5.									
6.									

**E MY EDUCATION** Indicate the number of years you have successfully completed at each level. Attach a separate sheet of paper if necessary.

Years of elementary/primary school ▶	Years of secondary/high school ▶	Years of university/college ▶	Years of formal apprenticeship/training ▶
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**F MY POST SECONDARY EDUCATION** Print the information requested for each course of instruction you have completed since secondary school. Begin with the most recent course completed. Attach a separate sheet of paper if necessary.

DATES				NAME OF INSTITUTION (including apprenticeship/training)	CITY/ PROVINCE/STATE/ COUNTRY	TYPE OF CERTIFICATE OR DIPLOMA ISSUED
From		To				
M	Y	M	Y			

**G MY WORK ACTIVITY FOR THE PAST 10 YEARS** Attach a separate sheet of paper if necessary.

Are you employed?  Yes  No ▶ Are you receiving social assistance?  Yes (provide details)  No ▶ How are you supporting yourself? Be specific.

You must account for all your time for the past ten years. Start with your most recent job. Any jobs in Canada should be listed first. Then, list your jobs in other countries. If you were unemployed, you must list that period of time. Attach a separate sheet of paper if necessary.  
**Your forms will be returned if there is any period of time that you do not list where you worked, or if you were unemployed or attending school.**

DATES				NAME OF COMPANY/EMPLOYER WHERE I WORKED If self-employed, write "self-employed"; if unemployed, write "unemployed" (write name in full, do not use abbreviations)	CITY/ PROVINCE/STATE/ COUNTRY	MY OCCUPATION (or "unemployed")
From		To				
M	Y	M	Y			

**H MY INTENDED OCCUPATION**

**I ADDRESSES OF THE PLACES WHERE I HAVE LIVED FOR THE PAST 10 YEARS**

Print the information requested for each address you have had in the past ten years. Begin with your most recent address. You must put down every address no matter how short a period of time you stayed there. **Forms will be returned if there is any period of time for which you have not shown an address. Do not use post office (P.O.) box addresses. If no street number, explain why.** Attach a separate sheet of paper if necessary.

DATES				STREET AND NUMBER (do not use P.O. box address)	CITY OR TOWN	PROVINCE/ STATE/ DISTRICT	COUNTRY
From		To					
M	Y	M	Y				
							CANADA

**J ORGANIZATIONS I HAVE BELONGED TO**

Since my 18th birthday, I have been (or still am) a member of or associated with the following political, social, youth, student or vocational organizations, including trade unions and professional associations and any military service. If you did not or do not belong to any organizations, print "I did not or do not belong to any organizations." **Forms will be returned if full name of organization is not used.** Attach a separate sheet of paper if necessary.

DATES				NAME AND ADDRESS OF ORGANIZATION (do not use abbreviations)	TYPE OF ORGANIZATION/POSITION HELD (do not use abbreviations)
From		To			
M	Y	M	Y		

**K MY PARENTS**

Father's surname (Family name)				Given name(s)				
Date of birth (or age)	Day	Month	Year	Country of birth	Current country of residence (or date of death)	Day	Month	Year
Mother's surname (Family name) before marriage				Given name(s)				
Date of birth (or age)	Day	Month	Year	Country of birth	Current country of residence (or date of death)	Day	Month	Year

**L PHOTOS**

Attach an envelope containing two (2) recent photos of yourself and each family member in **Canada** to this form.

**ALL PHOTOS MUST HAVE BEEN TAKEN WITHIN THE PAST SIX MONTHS AND MUST BE IDENTIFIED BY WRITING THE PERSON'S NAME AND DATE OF BIRTH ON THE BACK OF THE PHOTO.**

**FOR OFFICIAL USE ONLY**


**M QUESTIONS FOR APPLICANT**

Have **you or any of your family members in Canada or abroad:**

Yes / No

- |   |                            |
|---|----------------------------|
| 1. Been <b>convicted</b> of a crime or offence in Canada for which a pardon has not been granted under the <i>Criminal Records Act of Canada</i> ?  | ▶ <input type="checkbox"/> |
| 2. Been <b>convicted</b> of a crime or offence in another country? _____  | ▶ <input type="checkbox"/> |
| 3. Been <b>charged</b> or may be charged for a crime or offence in Canada or any other country? _____   | ▶ <input type="checkbox"/> |
| 4. Had or still have any <b>serious disease or mental or physical disorder</b> ? _____  | ▶ <input type="checkbox"/> |
| 5. Been refused a temporary or permanent resident visa to Canada or any other country? _____  | ▶ <input type="checkbox"/> |
| 6. Been refused entry to, or ordered to leave Canada or any other country? _____  | ▶ <input type="checkbox"/> |
| 7. In periods of either peace or war, 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? | ▶ <input type="checkbox"/> |
| 8. Used, planned or advocated, or been associated with a group that used, uses, advocated or advocates, the use of armed struggle or violence to reach political, religious or social objectives?   | ▶ <input type="checkbox"/> |
| 9. Been detained or incarcerated? _____   | ▶ <input type="checkbox"/> |

If the answer to any of the above is "Yes" provide details here.

**N CONSENT**

I understand that the Canadian government will contact on my behalf any government authority, including police, judicial and state authorities in all countries in which I have resided, to obtain all records and information that they may possess on my behalf concerning any investigations, arrests, charges trials, convictions and sentences. I understand that this information will be used to assist in evaluating whether or not I am admissible to Canada, pursuant to Canadian immigration law.

**O DECLARATION**

- I declare that the information I have given in this application is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in the refusal of my application and may be grounds for my prosecution or removal from Canada.
- I understand that the Canadian Government will contact on my behalf any government authority, including police, judicial and state authorities in all countries in which I have resided, to obtain all records and information that they may possess on my behalf concerning any investigations, arrests, charges, trials, convictions and sentences. I understand that this information will be used to assist in evaluating whether or not I am admissible to Canada, pursuant to Canadian immigration law.
- Should my answers to any of the questions on this application form change at any time prior to my being granted permanent resident status in Canada, I will report these changes to a Canada Immigration Centre or Call Centre.
- I understand all the above statements, having asked for and obtained an explanation on every point which was not clear to me.

\_\_\_\_\_ **SIGNATURE OF APPLICANT**

Day	Month	Year

Date

The information you provide on this document is collected under the authority of the *Immigration and Refugee Protection Act* and is stored in Personal Information Bank Number CIC PPU 042. You have the right of access to it and to its protection under the *Privacy Act*.

**WARNING:** It is an offence under section 127 of the *Immigration and Refugee Protection Act* to knowingly make a false statement on this form.