



### APPLICATION TO CHANGE CONDITIONS, EXTEND MY STAY OR REMAIN IN CANADA

NOTE: This form can be used to request/apply for more than one of the services listed below. Payment of fees does not guarantee approval of the application.

**I AM APPLYING FOR:**

These visitor, student and worker services

- "A"  Extension of temporary resident status as a visitor
- "B"  An initial study permit or extension of study permit
- "C"  An initial work permit or extension of work permit
- "D"  Restoration of temporary resident status as a visitor, student or worker

And/or these temporary resident permit holder services

- "E"  Another temporary resident permit. Include two passport photos.

I want service in  English  French

Client ID Number

**A - PERSONAL INFORMATION**

1 Surname (Family name)		Given name(s)	
Other name(s) used			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth D M Y	Place of birth (City, state/province and country)		
Citizenship	Passport number	Date of issue D M Y	Expiry date D M Y
Country of last permanent residence		Since birth <input type="checkbox"/> Since the year	
<b>MARITAL STATUS</b>			
<input type="checkbox"/> Never married <input type="checkbox"/> Married		If you are married, is your spouse a Canadian citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law partner			
My residential address in Canada		My current mailing address in Canada (if different from my residential address). All correspondence will go to this 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	
No. and street	Apt./Unit	No. and street	Apt./Unit
City/Town	Province	Postal code	City/Town Province Postal code
Telephone number in Canada: Area code	Fax number: Area code	Telephone number in Canada for messages: Area code	

**B - MY FAMILY MEMBERS**

2 Surname (Family name)	Given name(s)	Relationship	Client ID number
Date of birth D M Y	Country of birth	Country of last permanent residence	Citizenship
Passport number	Date of issue D M Y	Expiry date D M Y	Type(s) of document requested <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None
My family member is in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3 Surname (Family name)	Given name(s)	Relationship	Client ID number
Date of birth D M Y	Country of birth	Country of last permanent residence	Citizenship
Passport number	Date of issue D M Y	Expiry date D M Y	Type(s) of document requested <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None
My family member is in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4 Surname (Family name)	Given name(s)	Relationship	Client ID number
Date of birth D M Y	Country of birth	Country of last permanent residence	Citizenship
Passport number	Date of issue D M Y	Expiry date D M Y	Type(s) of document requested <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None
My family member is in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			

This form is made available by Citizenship and Immigration Canada and is not to be sold to applicants.

5 Surname (Family name)		Given name(s)		Relationship		Client ID number	
Date of birth D M Y		Country of birth		Country of last permanent residence		Citizenship	
Passport number		Date of issue D M Y		Expiry date D M Y		Type(s) of document requested <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None	
My family member is in Canada?		<input type="checkbox"/> Yes <input type="checkbox"/> No					

  

6 Surname (Family name)		Given name(s)		Relationship		Client ID number	
Date of birth D M Y		Country of birth		Country of last permanent residence		Citizenship	
Passport number		Date of issue D M Y		Expiry date D M Y		Type(s) of document requested <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> None	
My family member is in Canada?		<input type="checkbox"/> Yes <input type="checkbox"/> No					

**C - COMING INTO CANADA**

7 Original entry to Canada Place (city, province)		Date D M Y		8 Most recent entry to Canada (if not the same as original entry) Place (city, province)		Date D M Y	
9 My original reason for coming to Canada:							

**D - MY REQUEST**

10 I want to:		<input type="checkbox"/> extend my stay in Canada until D M Y		<input type="checkbox"/> extend the stay of my family members in Canada until D M Y		AND/OR		<input type="checkbox"/> change conditions	
for the following reasons (Give complete details):									
11 To support myself in Canada: I have \$ _____ (Canadian dollars) available. I receive support from <input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> General Welfare Assistance <input type="checkbox"/> Other Other details:									

12 If you or your family members

- remained beyond the validity of your status
- attended school without authorization
- worked without authorization

please give the reasons and circumstances concerning the situation(s):

13 Have you or any of your family members in Canada ever been convicted of or charged with a crime or offence in any country?  YES  NO

If "yes", give details (name, date and place of charge; name, date and place of conviction, offence, sentence). If you require more space, use a separate sheet of paper.

14 Have you or any of your family members in Canada suffered from any serious mental or physical illness?  YES  NO

If "yes", give details (name of illness, period of illness, treatment received). If you require more space, use a separate sheet of paper.

F - DECLARATION OF APPLICANT

**IMPORTANT: YOU MUST READ AND SIGN THIS SECTION**

I declare that the information I have given in this application is truthful, complete and correct. I understand that any statement or concealment of a material fact may result in my removal from Canada.

\_\_\_\_\_ Date

Signature of applicant

Day	Month	Year

THE INFORMATION YOU PROVIDE ON THIS DOCUMENT IS COLLECTED UNDER THE AUTHORITY OF THE IMMIGRATION AND REFUGEE PROTECTION ACT TO DETERMINE WHETHER THE TERMS AND CONDITIONS OF YOUR STAY SHOULD BE CHANGED OR WHETHER YOU SHOULD BE GRANTED AN EXTENSION. THIS INFORMATION WILL BE STORED IN PERSONAL INFORMATION BANKS NUMBER CIC PPU 042 OR 054; IT IS PROTECTED AND YOU HAVE THE RIGHT OF ACCESS TO IT UNDER THE PRIVACY ACT.