



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 <input type="checkbox"/> Since birth <input type="checkbox"/> Since the year			
MARITAL STATUS		<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						8 Most recent entry to Canada (if not the same as original entry)					
Place (city, province) D M Y						Place (city, province) D M Y					

9 My original reason for coming to Canada:

D - MY REQUEST

10 I want to: ☐ extend my stay in Canada until D M Y ☐ extend the stay of my family members in Canada until D M Y AND / OR ☐ change conditions

for the following reasons (Give complete details):

11 To support myself in Canada:
 I have \$ _____ (Canadian dollars) available.
 I receive support from: ☐ Self ☐ Relative ☐ Friend ☐ General Welfare Assistance ☐ 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.

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* 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*.