CANADA VISA DRAFT APPLICATION FORM

Application for a visitor visa or study permit

* **I want to apply for a:** (required)
- ○ study permit
- ○ transit visa or support for Afghan nationals outside Canada
- ○ Canada-Ukraine authorization for emergency travel (CUAET)
- ○ visitor visa or supervisa
- ○ not sure

* **Tell us more about what you'll do in Canada. Include dates.** (required)

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* **When will you enter Canada?** (required)

If you don't yet know the date you will travel to Canada, select an approximate date.

Select year | Select month | Select day

* **When will you leave Canada?** (required)

Select year | Select month | Select day

UCI (unique client identifier), if known (optional)

* **Why do you need a visa?** (required)
- ○ To be with a loved one who is critically ill or dying
- ○ To provide care for a loved one who needs medical support
- ○ To attend a funeral or end-of-life ceremony
- ○ To join a vessel as a marine crew member
- ○ To take up a diplomatic posting in Canada
- ○ To travel as an accompanying immediate family member of a diplomat arriving on a posting, and who will also be accredited in Canada
- ○ To handle the affairs of a victim of Ukraine International Airlines Flight PS752
- ○ To visit Canada as a tourist
- ○ To visit my spouse, common-law partner, dependent child, parent, steps-parent, guardian or tutor who is a Canadian citizen, person registered under Canada's Indian Act or permanent resident of Canada
- ○ To visit my spouse, common law partner, dependent child, parent, step-parent, guardian or tutor who is in Canada temporarily, such as an international student or temporary worker
- ○ To visit my grandparent, grandchild, sibling, half-sibling, step-sibling or non-dependent child who is a Canadian citizen, person registered under Canada's Indian Act or permanent resident of Canada
- ○ To visit other family who are not listed above or friends for less than 6 months
- ○ To visit my children or grandchildren for more than 6 months (super visa)
- ○ For business reasons, like a meeting, conference, event, or training
- ○ For a medical procedure (scheduled) or treatment
- ○ To study without a permit for less than 6 months
- ○ To work without a permit
- ○ Not sure

Travel document information of the applicant

* **Surname/last name** (required)
Write your name exactly as it appears on your passport or identity document.

Given name/first name (optional)
Write your given name. If none, leave this field blank.

* **Date of birth** (required)
Select your date of birth exactly as it appears on your passport.

Select year | Select month | Select day

* **Gender** (required)
- ○ Male
- ○ Female
- ○ Unknown
- ○ Another gender

Travel document of the applicant

Type of travel document

* **What document are you travelling with?** (required)
○ Passport ○ Other travel document

* **What's your passport or travel document number?** (required)

* **Confirm your passport or travel document number** (required)

* **Date of issue of passport or travel document** (required)

Select day | Select month | Select year

Make sure your passport is valid long enough to cover the time you want to be in Canada. Your passport expiry date will determine the expiry date of the document you're applying for.

* **Date of expiry of your passport or travel document** (required)

Select day | Select month | Select year

The validity of the document you are requesting can't be issued beyond the expiry date of your travel document.

* **Are you a lawful permanent resident of the United States with a valid Green Card (alien registration card)?** (required)
  ○ Yes ○ No

* **Have you held a Canadian visitor visa in the past 10 years?** (required)
  ○ Yes ○ No

* **Do you currently hold a valid U.S. nonimmigrant visa?** (required)
  ○ Yes ○ No

* **Are you travelling to Canada by air?** (required)
  ○ Yes ○ No

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You will need to provide a copy of your U.S. nonimmigrant visa when you upload your documents.

* **Nonimmigrant visa number** (required)

* **Expiry date** (required)

Select year | Select month | Select day

* **Are you using a different passport for this application than the one you used to get your U.S. nonimmigrant visa?** (required)
  ○ Yes ○ No

Tell us about the passport you used to get your U.S. nonimmigrant visa

* **Select the country code that matches the one on your passport** (required)

* **What's the passport number?** (required)

* **Confirm the passport number** (required)

* **When was the passport issued?** (required)

Select day | Select month | Select year

* **Date of expiry of the passport** (required)

Select day | Select month | Select year

Citizenship and places where the applicant has lived

* **Country or territory where you were born** (required)

* **City or town where you were born** (required)

* **Are you a citizen of more than one country or territory ?** (required)

○ Yes ○ No

National identity document of the applicant

* **Do you have a valid national identity document?** (required)

Not all countries issue a national identity document. If you have one, provide your information.

○ Yes ○ No

Names used in the past

* **Have you used another name in the past?** (required)

○ Yes ○ No

* **What type of name?** (required)

○ Nickname/Alias

○ Name before marriage

○ Previous name

* **Surname/last name** (required)

Given name/first name (optional)

Write the given name. If none, leave this field blank.

Contact information of the applicant

Countries or territories of residence

What's your residential address?

This is the address where you currently live.

* **Select a country or territory** (required)

* **Street address** (required)
Enter the address, including house number or building number if applicable.

* **City or town** (required)

Postal code (optional)

* **Is your mailing address the same as your residential address?** (required)
○ Yes ○ No

Countries or territories of residence

What is your mailing address?

* **Select a country or territory** (required)

* **Street address** (required)
Enter the address, including house number or building number if applicable.

* **City or town** (required)

Postal code (optional)

Countries or territories of residence

* **List your current country or territory of residence, then add all other countries or territories where you've lived for the past five years, for more than 6 months. (required)**

+ Add

› You'll lose your information if you leave this page without saving.

Country/territory	Status	From	To	Add or modify a file
There is no data to display				

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* **Select a country or territory (required)**

* **What is your status in your country or territory of residence? (required)**

* **From (required)**

Select year | Select month | Select day

You must select 1 address where you currently live.

☐ This is where I currently live.

* **To (required)**

Select year | Select month | Select day

Biometrics (fingerprints and photo) of the applicant

You should check the status of your biometrics to see when they expire. The document you're applying for can't be valid longer than your biometrics. If you need your document to be valid for longer, you can give your biometrics again.

* **Do we already have your fingerprints and photo (biometrics), and are they still valid? (required)**

Answer yes **only if** you:

- gave your biometrics in the past 10 years for a visitor visa, study or work permit application, **and**
- know your biometrics are still valid. If you're not sure, find out if your biometrics are still valid.

○ Yes ○ No

Finances

* **How much money do you have for your stay in Canada? (In Canadian dollars - CAD)** (required)

* **Is someone else giving you money for your stay in Canada?** (required)

When you give us proof of your financial documents, make sure to tell us who's providing the money (if it's not you).

○ Yes ○ No

* **Please provide details.** (required)

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Information about education, work and other activities

You must complete this entire section to be able to save your details

You can only save your information after you answer all the questions below and fill in each table. If you leave the application without providing all these details

- your information will not be saved
- you will have to input the information again when you return

Post-secondary education history

* **Have you ever studied at a post-secondary school (university, college or vocational school)? You don't need to have completed a degree or diploma.** (required)

○ Yes ○ No

* Give details of each program you have studied and are currently studying. (required)

* **Name the school or institution where you studied, or where you currently study.** (required)

* **From** (required)

Select year | Select month

☐ Ongoing

* **To** (required)

Select year | Select month

* **Level of study** (required)

* **Field of study** (required)

Address

* **Select a country or territory** (required)

* **Street address** (required)
Enter the address, including house number or building number if applicable.

* **City or town** (required)

Work/activities history

Military/police history

* **Did you serve in any military, militia, civil defence unit, security organization or police force (including non-obligatory service, reserve or voluntary units)?** (required)
○ Yes ○ No

* **Give details of all your employment and activities for the past 10 years.** (required)

Do not include any entries that you already put for post-secondary education or military/police history (if that was your only occupation at that time). For all other periods of time, you need to enter an occupation or activity. Don't leave any other gaps.

Select "Government position" if you've worked as a civil servant, judge, mayor, Member of Parliament, hospital administrator, or employee of a security organization.

* **From** (required)
Select year | Select month

☐ Ongoing

* **To** (required)
Select year | Select month

* **Work/Activity** (required)

* **Job title** (required)

* **Company/employer** (required)

* **Main duties of the job** **(required)**
Briefly describe the duties of your job with this employer

Address

* **Select a country or territory** **(required)**

* **Street address** **(required)**
Enter the address, including house number or building number if applicable.

* **City or town** **(required)**

Travel history

* **During the past 5 years have you travelled to a country or territory other than the one where you're a citizen or where you live now?** **(required)**

○ Yes ○ No

* Tell us more about your travels (required)

If you travelled to a country several times in a month, add only 1 entry in the table.

PREVIOUS TRAVEL

DATE FROM	TO	COUNTRY / TERRITORY	LOCATION	PURPOSE OF TRAVEL

Travel history (continued)

* **Have you ever stayed in Canada beyond the validity of your status, attended school in Canada without authorization, or worked without authorization in Canada? (required)**

○ Yes ○ No

* **Have you ever been refused a visa or permit, denied entry to, or ordered to leave any country or territory? (required)**

○ Yes ○ No

Criminality and security

* **Have you ever committed any crime in any country or territory (this includes driving under the influence of alcohol or drugs)? (required)**

○ Yes ○ No

* **Have you ever been arrested for any criminal offence in any country or territory (this includes driving under the influence of alcohol or drugs)? (required)**

○ Yes ○ No

* **Have you ever been charged for any criminal offence in any country or territory (this includes driving under the influence of alcohol or drugs)? (required)**

○ Yes ○ No

* **Have you ever been convicted for any criminal offence in any country or territory (this includes driving under the influence of alcohol or drugs)? (required)**

○ Yes ○ No

Criminality and security questions

* **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 advanced violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? (required)**

○ Yes ○ No

* **Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? (required)**

○ Yes ○ No

Medical background questions

* **Have you had a medical exam performed by an IRCC authorized panel physician (doctor) within the last 12 months? (required)**

○ Yes ○ No

Medical background questions- Tuberculosis

* **In the last 2 years, were you diagnosed with tuberculosis? (required)**

- Tuberculosis is a disease of the lungs caused by bacteria. It may also be known as TB, Potts disease, Koch's disease, scrofula, latent tuberculosis or extra-pulmonary tuberculosis.
- If you have a history of tuberculosis, it doesn't mean that you can't come to Canada. Once you complete your treatment, you can come to Canada.

○ Yes ○ No

* **In the last 5 years, have you been in close contact with a person with tuberculosis? (required)**

- Tuberculosis is a disease of the lungs caused by bacteria. It may also be known as TB, Potts disease, Koch's disease, scrofula, latent tuberculosis or extra-pulmonary tuberculosis.
- If you have a history of tuberculosis, it doesn't mean that you can't come to Canada. Once you complete your treatment, you can come to Canada.

○ Yes ○ No

Medical background questions

* **Are you currently receiving dialysis treatment? (required)**
  ○ Yes ○ No

* **Have you had a drug or alcohol addiction causing you to be a threat to yourself or others, or to be hospitalized? (required)**
  ○ Yes ○ No

* **Have you had a mental health condition causing you to be a threat to yourself or others, or to be hospitalized? (required)**
  ○ Yes ○ No

* **Have you ever been diagnosed with syphilis? (required)**
  - Syphilis is a disease caused by bacteria and may also be known as lues, syph or pox.
  - If you have a history of syphilis, it doesn't mean that you can't come to Canada. Once you complete your treatment, you can come to Canada

  ○ Yes ○ No

Family information

Marital Status

* **What is your current marital status? (required)**
  ○ Annulled Marriage
  ○ Common Law
  ○ Divorced
  ○ Married
  ○ Separated
  ○ Single
  ○ Widowed

* **Date of marriage or start of common-law relationship (required)**

Select year | Select month | Select day

Name of spouse/common-law partner

* **Surname/last name (required)**

Given name/first name (optional)
Write the given name. If none, leave this field blank.

* **Date of birth (required)**

Select year | Select month | Select day

* **Country or territory of birth (required)**

* **Present occupation (required)**

* **Is their address the same as yours? (required)**

○ Yes ○ No

* **Will your spouse/common-law partner accompany you to Canada? (required)**

Answer yes even if your spouse will join you later in Canada.

○ Yes ○ No

Children

* **Do you have any biological, adopted or step-children? (required)**

This includes all sons and all daughters, regardless of age or place of residence.

○ Yes ○ No

* **Surname/last name (required)**

Given name/first name (optional)

Write the given name. If none, leave this field blank.

* **Date of birth (required)**

Select year | Select month | Select day

☐ This child is deceased.

* **Relationship (required)**

* **Country or territory of birth (required)**

* **Does this child have the same address as you? (required)**

○ Yes ○ No

* **If the child is not in Canada, will they accompany you to Canada? (required)**

○ Yes ○ No

******Please use another sheet of paper for additional list of children using the format above***

Tell us about your parents

If you were adopted, provide the details about your legal parents.

☐ I don't know who my parents are.

* **Parent(s) (required)**

* **Surname/last name** (required)

Given name/first name (optional)
Write the given name. If none, leave this field blank.

* **Relationship** (required)
Father

* **Date of birth** (required)
Select year | Select month | Select day

☐ This parent is deceased.

* **Country or territory of birth** (required)

* **Present occupation** (required)

* **Does this parent have the same address as you?** (required)
○ Yes ○ No

* **Will this parent come with you to Canada?** (required)
○ Yes ○ No

If deceased,

* **Date of death** (required)
Select year | Select month | Select day

* **Surname/last name** (required)

Given name/first name (optional)
Write the given name. If none, leave this field blank.

* **Relationship** (required)
Mother

* **Date of birth** (required)
Select year | Select month | Select day

☐ This parent is deceased.

* **Country or territory of birth** (required)

* **Present occupation** (required)

* **Does this parent have the same address as you?** (required)
○ Yes ○ No

* **Will this parent come with you to Canada?** (required)
○ Yes ○ No

If deceased,

* **Date of death** (required)

Select year | Select month | Select day

Language of the applicant

* **What is your native language or mother tongue?** (required)

* **Can you communicate in English and/or French?** (required)
○ English
○ French
○ Both
○ Neither

* **What language do you want us to use to contact you?** (required)
○ English
○ French

Email address of applicant

* **Email address** (required)
Your email should have this format: name@example.com

Telephone number of the applicant

* **Telephone number** (required)

* **Telephone type** (required)
This should be the number where we can reach you during the day.
○ Residence ○ Cellular ○ Other

* **Select telephone number country or territory** (required)
○ Canada/US ○ Other

* **Telephone number** (required)

Extension number (optional)