Supplementary Application Form

ALL applicants for a visitor, student and work visa 18 years and over must complete this 2-PAGE form Applications will NOT be processed without this form

A. FAMILY INFORMATION

If you have additional family members, please continue this information on a separate sheet:

| SECTION A | SECTION A | | | | | | | | |
|--|----------------|---------------|-------------------|-----------------------------|-------------|------------------------------|------------|------------------------------------|--|
| Relationship | Family Name | First Name | Marital Status | Date of birth (dd/mm/yy) | - | Country of Citizenship | Occupation | Current Country of Residence | |
| SELF | | | | | | | | | |
| SPOUSE | | | | | | | | | |
| FATHER | | | | | | | | | |
| MOTHER | | | | | | | | | |
| SECTION B CHILDREN (Please indicate the RELATIONSHIP as SON, DAUGHTER, ADOPTED CHILD, STEP-CHILD) | | | | | | | | | |
| Polationahin | Family | First | Marital | Date of birth | | Country of | Occupation | Current | |
| Relationship | Name | Name | Status | (dd/mm/yy) | Birth | of Citizenship | Occupation | Country of Residence | |
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| SECTION C BROTHERS & SISTERS (Please indicate the RELATIONSHIP as BROTHER, SISTER, STEP-BROTHER, STEP-SISTER) | | | | | | | | | |
| | | | | | - | Country | | Current | |
| Relationship | Family Name | First Name | Marital Status | Date of birth (dd/mm/yy) | of Birth | of Citizenship | Occupation | Country of Residence | |
| | Nume | Nume | oluluo | (dd/iiii/yy) | Bitti | onzenomp | | | |
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| B. TRAVEL INFORMATION | | | | | | | | |
|--|-----------------------------|--------------------|--|--|--|--|--|--|
| 1-Are you applying for a multiple entry visa? Yes No | | | | | | | | |
| If <u>yes</u> , why? | | | | | | | | |
| 2-Are you travelling with anyone else other than your family members mentioned in your Temporary Resident Visa Application | | | | | | | | |
| From (IMM5257)? Yes No | | | | | | | | |
| If yes, please complete the following: | | | | | | | | |
| Full Name: | Relationship: | | | | | | | |
| Full Name: | Relationship: | | | | | | | |
| Full Name: | | | | | | | | |
| 3-Are you travelling to any other country during this trip? Yes No | | | | | | | | |
| If yes, please complete the following: | | | | | | | | |
| Country: Country: | Country: | Country: | | | | | | |
| 4-Are you visiting a relative(s) in Canada? Yes No | | | | | | | | |
| If yes, please provide details as follows: | | | | | | | | |
| Full Name: | | | | | | | | |
| Relationship: Address in Canada: | | | | | | | | |
| Is your relative: 🗌 Studying OR 🗌 Working? Where? | | | | | | | | |
| 5-Are you visiting a friend(s) in Canada? Yes No | | | | | | | | |
| If yes, please provide details as follows: | | | | | | | | |
| Briefly state when and where you met: | | | | | | | | |
| Full Name: | Date of Birth (dd/mm/yyyy): | : | | | | | | |
| Address in Canada: | | | | | | | | |
| Is your friend: Studying OR Working? Where? | | | | | | | | |
| 6-If you are <u>not</u> visiting any relative(s)/friend(s), please state which cities in Canada you plan to visit: | | | | | | | | |
| City: Number of days: | City: | Number of days: | | | | | | |
| City: Number of days: | City: | Number of days: | | | | | | |
| 7-Have you or your immediate family members ever applied | | | | | | | | |
| If yes, please provide details: | | | | | | | | |
| | | | | | | | | |
| 8- What is the main purpose of your visit to Canada? (Please | tick 1 or more) | | | | | | | |
| Uisiting Family Visiting Friends Business | s 🗌 Tourism 🗌 Training | g 🔄 Short-term ESL | | | | | | |
| Study(Permit) Work (Permit) Other | Specify: | | | | | | | |
| 9-Have you previously travelled outside the Gulf in the last 5 years? Yes No | | | | | | | | |
| Country: Country: | Country: | Country: | | | | | | |
| Country: Country: | Country: | Country: | | | | | | |
| 10-Have you ever been refused any kind of visa to any country? Yes No | | | | | | | | |
| If yes, please provide details: | | | | | | | | |
| 11-Do you have any health condition(s) which may cause you to access health care while in Canada? Yes No | | | | | | | | |
| If yes, please provide details: | | | | | | | | |
| C. TO BE COMPLETED BY RESIDENTS OF THE GULF (NON-NATIONALS) | | | | | | | | |
| 1-How many years have you resided in the Gulf? years months | | | | | | | | |
| 2-What is the expiry date of your residence visa? | | | | | | | | |
| Country of issue: Expiry Date (dd/mm/yyyy): | | | | | | | | |
| 3-What is the sponsor's name indicated on your residence visa? | | | | | | | | |

