

Commission de l'immigration et du statut de réfugié du Canada Section d'appel de l'immigration

IAD File No: _			
Client ID No:			
Date of Birth:	Day	Month	Year
Visa Office:			

NOTICE OF APPEAL - RESIDENCY OBLIGATION APPEAL

Section 63(4) of the Immigration and Refugee Protection Act

Citizen be rec	ship and Immigration (CIC) de	e Immigration Appeal Division ecision made outside Canada ce for the region in Canada wecision.	on your resider	cy obligation.	These do	cuments must
то ве	COMPLETED BY THE APPL	ELLANT				
	[FAMILY NAME] the CIC decision made outside	[FIRST de Canada on my residency ob	AND MIDDLE Noligation.	IAMES]	, (appellant)
Check	the appropriate box:					
I choos	se the language of my appeal	to be:	inglish	F	rench	
I need	an interpreter at the proceedir	ng (language, including any dia	alect, if applicat	ole):		
	you cannot get one from CIC application for a travel docur Minister's counsel no later t	appear at my hearing in personal contents of the pour must make an appear to return to Canada must han 60 days after the IAD retained it is necessary for you to be	lication to the I/ be received by ceives this No	AD. Under the	e IAD Rule istry Office	s, your written and the
	I do not intend to return to Catelephone or some other ma	anada for the hearing of my apnner.	opeal. I would l	ike to particip	ate in my h	earing by
		or partner, dependent children) vose decisions (each family memb				eir residency
	FAMILY NAME	FIRST AND MIDDLE NAMES	RELATIONS	HIP TO ME	DATE OF BIRTH [dd-mm-yyyy]	
					/	/
					/_	/
					/	/
IN CAI	NADA, I MAY BE CONTACTE	ED THROUGH: Name:				
	[Number and Street]	[Apt. #]	[City]	[Provir	nce]	[Postal Code]
Teleph	one Number (Home): [Area Code	<u>-</u> 9]	(Work):	[Area Code]		
My las	residence in Canada was in	(City/District; Province):				



[Number and Street	[Apt. #]	[City]	[Province/State	[Country]	[Postal Code]
Telephone Number: [Cntry+Area Code]	Fax Numbe	ər:		_ E-mail Address:	
		[Cntry+Area	a Code]		
COUNSEL: You have the right to be represented	by councel at you	r own ovnou	see If you choos	o to rotain councel	who charges a fe
or other consideration, the counsel m lawyer or paralegal), the Chambre de (ICCRC). If you have retained counsprovide to the IAD, in writing and with fax numbers, any e-mail address, the	ust be a member in es notaires du Québ el, please complete out delay, the cont	n good stan bec, or the I e the section act informa	ding of either a p mmigration Cons n below. If you w tion for your coul	provincial law societ sultants of Canada ill be retaining cour nsel (name, addres	y (including a Regulatory Coun sel later, you mu s, telephone and
s your counsel being paid a fee or re	ceiving other consi	deration to	represent you in	this appeal?	NO YES
AUTHORIZE THE FOLLOWING PE	RSON TO BE MY	COUNSEL	:		
Namo		Occupa	ion:		
Name: [Me. Mr. Mrs. Ms. Miss]		_ Occupai	IOH		
Law Firm or Company:					
Law I IIII of Company.					
[Number and Street]	[Apt. #]		[City]	[Province] [I	Postal Code]
Telephone Number: [Area Code]		Fax	Number:	 ode]	
Electronic Mail Address:		Men	nbership Identific	ation Number:	
IMPORTANT: CHANGE IN CONTA You must notify the IAD in writing and Please direct all communication to the Canada (see attached instructions for	d without delay, if the IAD Registry Office	ne contact ir	nformation for yo	u or your counsel o	ou last resided in
				RECEIVED ON:	
IMPORTANT - Under section 168(1) fail to communicate with the IAD when recent address), the IAD may determined in the attached a copy of the office.	n requested, or fail ine that you have a	to provide i abandoned y	ee Protection Action requirements	; if you fail to appea red by the IAD (suc	ch as your most
fail to communicate with the IAD when recent address), the IAD may determine	n requested, or fail ine that you have a	to provide i abandoned y	ee Protection Action requirements	; if you fail to appea red by the IAD (suc	ch as your most
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