



# APPLICATION FOR PERMANENT RESIDENCE BUSINESS IMMIGRATION SIMPLIFIED APPLICATION PROCESS

THIS FORM MUST BE COMPLETED BY THE PRINCIPAL APPLICANT ONLY

<b>FOR OFFICE USE ONLY</b>
Office file number (or IMM 1343 Case Label)
Date of receipt stamp at post

**You are applying as:**

an Investor     an Entrepreneur     a Self-Employed person

How many family members (including yourself) are included in this application for permanent residence?

**Language you prefer for:**

Correspondence:  English     French

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Interview:     English     French    Other

**You must meet all criteria  
at the time you submit your application**

- Your full name** (as shown in your passport or travel document)  
Family name   
Given name(s)
- Your sex**     Male     Female
- Your date of birth**    Year  / Month  / Day
- Your place of birth**    Town/City   
Country
- Your country of citizenship**
- Your country of residence**   
Since when? ▶ Year  / Month  / Day
- Your native language**   
a) If your native language is not English or French, which language do you use most frequently?  
 English     French     Neither
- Your height**     cm OR  ft  in
- Colour of your eyes**
- Your current marital status**  
 Never married     Married     Widowed     Legally separated  
 Annulled marriage     Divorced     Common-law  
If you are married or in a common-law relationship, provide the date on which you were married or entered into the common-law relationship  
Year  / Month  / Day
- Have you previously been married or in a common-law relationship?**  
 No     Yes ▶ Give the following details for each previous spouse or partner. If you do not have enough space, provide details on a separate sheet of paper.  
Name of previous spouse or partner   
Date of birth    Year  / Month  / Day   
Type of relationship     Marriage     Common-law union  
From Year  / Month  / Day  to Year  / Month  / Day

- Your residential address** (include city and country)
- Your mailing address, if different from your residential address**  
  
  
  
All correspondence will go to this address unless you indicate your e-mail address below, thereby authorizing correspondence, including file and personal information to be provided to the specified e-mail address.
- Your e-mail address, if applicable**
- Your telephone numbers**  
At home    Country code (    )    Area code (    )    Number (    ) (    )  
Alternative    (    ) (    )
- Details from your passport**  
Passport number   
Country of issue   
Date of expiry    Year  / Month  / Day
- Your identity card number, if applicable**
- Where do you intend to live in Canada?**  
City/Town
- Your current occupation**



**20. Do you or, if applicable, your accompanying spouse or common-law partner, have a relative living in Canada who is a citizen or a permanent resident of Canada?**

- No  Yes ►  You  Your spouse or common-law partner
- Relationship  Mother or father  Grandmother or grandfather  
 Daughter or son  Granddaughter or grandson  
 Sister or brother  Aunt or uncle  
 Niece or nephew  Spouse or common-law partner

**21. Education**

How many years of formal education do you have?

What is your highest level of completed education?

- No secondary  Bachelor's degree  
 Secondary  Master's degree  
 Trade/Apprenticeship  Ph D  
 Non-university certificate/diploma

**22. Language**

Which is your first official language:  English  French

Which is your second official language:  English  French

**Your proficiency in English**

	High	Moderate	Basic	None
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Your proficiency in French**

	High	Moderate	Basic	None
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR SELF-EMPLOYED PERSONS ONLY**

**23. Work in Canada**

Have you or, if applicable, your accompanying spouse or common-law partner, previously worked full-time in Canada for at least one year?

- No  Yes ►  You  Your spouse or common-law partner

**24. Study in Canada**

Have you or, if applicable, your accompanying spouse or common-law partner, previously studied full-time for at least two years at a post-secondary institution in Canada?

- No  Yes ►  You  Your spouse or common-law partner

**FOR INVESTORS AND ENTREPRENEURS ONLY**

**25. Have you made a business exploration trip to Canada in the five years preceding the date of your application?**

- No  Yes ► Give details


**26. Have you participated in business immigration initiatives administered jointly by the federal and provincial governments of Canada?**

- No  Yes ► Give details


**27. Your total net worth = Canadian dollars**

\$

**28. Your spouse or common-law partner's total net worth = Canadian dollars (if applicable)**

\$

## 29. Details of family members

You must provide the following details about each of your family members, whether they will be accompanying you to Canada or not. **You must include only your spouse or common-law partner, if applicable, and all of your dependent children (natural and/or adopted), and those of your spouse or common-law partner, who are not already permanent residents or citizens of Canada.**

If you have more than three family members, photocopy this page before you start completing it or print it from our Web site at [www.cic.gc.ca](http://www.cic.gc.ca). Make sure you have enough copies to fill in details about all your family members.

	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER
Family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day
Place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current country of residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other countries with resident status	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status (use one of the categories in question 10)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Will accompany you to Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport details	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of expiry	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day
Identity card number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native language	<input type="text"/>	<input type="text"/>	<input type="text"/>
If your native language is not English or French, which language do you use most frequently?	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Neither
Can communicate in English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can communicate in French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of years of formal education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level of education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Height	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in
Colour of eyes	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 30. Declaration and signature

I declare that the information I have given is complete, truthful and correct.	<input type="text"/> Year <input type="text"/> Month <input type="text"/> Day Date
_____ Signature of applicant	

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used for the purpose of assessing your application for permanent residence in Canada according to the requirements of the Act. It will be retained in Personal Information Bank CIC PPU 042 entitled immigrant Case File identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at [infosource.gc.ca](http://infosource.gc.ca) and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**