



Headquarters use only - Réservé à l'administration centrale

Bar code use only - Réservé au code-barre

REPLACEMENT

CONFIRMATION OF PERMANENT RESIDENCE

CLIENT ID:
DOC NO:

SURNAME :
DATE OF BIRTH :
SEX :
PASSPORT NO :
FAMILY STATUS :

GIVEN NAME :
PLACE OF BIRTH :
MARITAL STATUS :
VALID UNTIL :
HEIGHT :

NAME FLAG :
COUNTRY OF BIRTH :
CITIZEN OF :
ENTRY OF ISS OF TRAVEL DOC :
EYE COLOUR :

14. ACCOMPANYING FAMILY MEMBERS:

HAVE YOU ANY DEPENDANTS OTHER THAN THOSE LISTED HERE? NO
15. FULL NAME, ADDRESS AND RELATIONSHIP OF PERSON WILLING TO ASSIST:

16.
17.

PQ

18. NO _____

I CERTIFY THAT THE /

S ARE TRUE AND CORRECT:

DATE: _____

19. SWI	23.	28.	32. 08/OCT/2004	37.
20.	24.	29.	33. 24/JUN/2005	38.
21.	25.	30.	34. 5044	
22.	26.	31.	35.	

41. CARRIER/FLIGHT NO: 45. BECAME P.R. ON:

42. MONEY IN POSSESSION: 46. BECAME P.R. AT:

47. SIGNATURE OF IMM. OFFICER: _____

43. CONDITIONS: 39. REMARKS:

CSQ:

I UNDERSTAND THESE CONDITIONS:

NOT VALID FOR TRAVEL
NON VALIDE POUR VOYAGER