



REQUEST FOR PROCESSING FAMILY MEMBERS UNDER THE ONE-YEAR WINDOW OF OPPORTUNITY PROVISIONS (Convention Refugees Abroad and Humanitarian-Protected Persons Abroad)

THE PRINCIPAL APPLICANT IN CANADA MUST COMPLETE THIS FORM

Your full name Surname (family name)		Given names	
Your date of birth (YYYY-MM-DD)	Date of your arrival in Canada (YYYY-MM-DD)	Your telephone no.	Alternate telephone number (if applicable) Ext.
Your e-mail address			Your UCI no.
Your mailing address Address (no. and street)			
City		Province	Postal code
Name of sponsorship organization or group			

DETAILS OF FAMILY MEMBERS TO BE PROCESSED UNDER THE ONE-YEAR WINDOW OF OPPORTUNITY PROVISIONS

Family member A

Full name Surname (family name)		Given names		Date of birth (YYYY-MM-DD)	Current country of residence
Relationship to you <input type="checkbox"/> Your spouse <input type="checkbox"/> Your dependent child or the dependent child of your spouse or common-law partner		<input type="checkbox"/> Your common-law partner <input type="checkbox"/> The dependent child of your dependent child		Was this family member listed on your Application for Permanent Residence in Canada (IMM 0008)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Family member B

Full name Surname (family name)		Given names		Date of birth (YYYY-MM-DD)	Current country of residence
Relationship to you <input type="checkbox"/> Your spouse <input type="checkbox"/> Your dependent child or the dependent child of your spouse or common-law partner		<input type="checkbox"/> Your common-law partner <input type="checkbox"/> The dependent child of your dependent child		Was this family member listed on your Application for Permanent Residence in Canada (IMM 0008)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Family member C

Full name Surname (family name)		Given names		Date of birth (YYYY-MM-DD)	Current country of residence
Relationship to you <input type="checkbox"/> Your spouse <input type="checkbox"/> Your dependent child or the dependent child of your spouse or common-law partner		<input type="checkbox"/> Your common-law partner <input type="checkbox"/> The dependent child of your dependent child		Was this family member listed on your Application for Permanent Residence in Canada (IMM 0008)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DECLARATION

I declare that the information given on this form and any attached document is true, complete and accurate.

SIGNATURE _____

Signature Date (YYYY-MM-DD)

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 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 *Privacy Act* and 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 and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**