

PART C ADDITIONAL FAMILY INFORMATION (To be completed by the principal applicant only)

Enter **ALL** names in English and in your native language. If additional space is required attach a separate sheet.

6 Non dependent children (18 years of age or older) who will not accompany you to Canada					
Name	Relationship	Date of birth YYYY-MM-DD	Place of birth (city or town AND country)	Marital status	Current place of residence (city or town AND country)

7 Brothers and sisters					
Name	Relationship	Date of birth YYYY-MM-DD	Place of birth (city or town AND country)	Marital status	Current place of residence (city or town AND country)

PART D

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Authority to disclose personal information

To assist in the processing of my application for immigration to Canada and to facilitate my settlement in Canada if I am selected, I hereby authorize the release of information related to my identity, including any personal information from my immigrant case file, medical file, and information I have provided in interviews to a visa officer to:

- the International Organization for Migration
- any organization under contract or that has signed a Memorandum of Understanding with Citizenship and Immigration Canada to provide processing or referral services
- any service providing organization that will be providing me with settlement services upon my arrival in Canada
- provincial health authorities in Canada

I further authorize the release of information related to my identity, including any personal information from my immigrant case file, medical, criminal or security file, and information I have provided in interviews to:

- the sponsor in Canada who signed a sponsorship for me (and my family, if any) Yes No

It is important for you to know that the consent to release your personal information to sponsors is completely voluntary.

_____ (YYYY-MM-DD)
 Signature of applicant Date

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Check this box and read and sign below if your sponsor or a referral organization is submitting your application on your behalf.

Consent for indirect collection of personal information

I authorize CIC to collect the personal information requested in my application for permanent residence from the private sponsor who has agreed to sponsor me (and my family) or from an organization under contract or that has signed a Memorandum of Understanding with CIC to provide processing or referral services. I understand this information is being collected indirectly for the purposes of processing my sponsor's undertaking and for assisting CIC in assessing and processing my application for permanent residence. I understand that I am not obliged to provide this authorization. However, failure to do so may mean that CIC will not be able to carry out the assessment of my application for permanent residence.

OR

Check this box and read and sign below if you are submitting your application and your sponsor's undertaking directly to CIC.

Declaration on subsequent use of disclosure of personal information

I understand that I am prohibited from using or disclosing any personal information provided to me by my sponsor for the purpose of submitting their sponsorship undertaking. I agree not to further disclose or use any personal information provided to me by my sponsor for the purpose of submitting their sponsorship undertaking to CIC.

_____ (YYYY-MM-DD)
 Signature of applicant Date

10 Assistance in completion of forms

Did someone, other than a Citizenship and Immigration Canada or a Canada Border Services Agency employee, assist you in filling out any of the forms related to your application for permanent residence? Yes No

If yes, this person **must** sign the following declaration.

Third party declaration

I, (print full name clearly) _____, do solemnly declare that I have assisted in the accurate completion of Citizenship and Immigration Canada forms to the person concerned. I have been informed by the person concerned, and I do believe, that he/she completely understands the nature and effect of these forms, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

I AM ▶ NGO Lawyer Consultant (ICCRC Membership ID no.: _____)
 Friend Other (specify) ▶ _____

Address

No. and street		Apt no.
City/Village	Province	Postal code

 Signature of applicant

Date

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 *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. **Infosource is also available in Canadian public libraries.**