

Date: .....

## LETTER OF AUTHORIZATION

I, .....,

(full name as written in the passport)

Authorize VisaHQ.ae to submit my passport, visa application, and all supporting documents to and accept delivery from the Consulate of

.....

Signature

Call to schedule a pickup: 97143750400

Or visit our office: VisaHQ.ae  
Office 605, DAMAC  
Executive Bay Towers,  
Tower B  
Business Bay  
Dubai, DXB  
97143750400



## Canada Tourist E-visa ETA Application



### Canada tourist e-visa eta checklist

**Filled out and signed Canada tourist e-visa eta application form.** The form is enclosed.

**Original Passport.** Passport must have at least 6 months remaining validity and have at least 1 visa page.

**Purpose of visit.** You're coming to Canada for a short visit, business or tourist activity (normally for stays of up to 6 months).

**Itinerary.** You're flying to or transiting through a Canadian airport using a valid passport.

**Canadian visitor visa.** You've held in the past 10 years or currently hold a valid United States nonimmigrant visa.



## APPLICATION FOR VISITOR VISA (TEMPORARY RESIDENT VISA)

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

Validate

Clear Form

1 UCI	2 * I want service in	3 * Visa requested	OFFICE USE ONLY Validated
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### PERSONAL DETAILS

1 Full name *Family name (as shown on your passport or travel document)		Given name(s) (as shown on your passport or travel document)		
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.)? Family name		<input type="checkbox"/> *No <input type="checkbox"/> *Yes Given name(s)		
3 *Sex	4 *Date of birth YYYY MM DD	5 Place of birth *City/Town		*Country
6 *Citizenship				
7 Current country of residence:				
Country	Status	Other	From	To
			YYYYMM-DD	YYYYMM-DD
8 Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months?				
			<input type="checkbox"/> *No	<input type="checkbox"/> *Yes
Country	Status	Other	From	To
			YYYYMM-DD	YYYYMM-DD
			YYYYMM-DD	YYYYMM-DD
9 Country where applying: Same as current country of residence? <input type="checkbox"/> *No <input type="checkbox"/> *Yes				
Country	Status	Other	From	To
			YYYYMM-DD	YYYYMM-DD
10 a) Your current marital status		b) (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		Date
				YYYYMM-DD
c) Provide the name of your current Spouse/Common-law partner				
Family name		Given name(s)		

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name	Date of Birth
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**PERSONAL DETAILS (CONTINUED)**

<b>11 a) Have you previously been married or in a common-law relationship?</b> <input type="checkbox"/> *No <input type="checkbox"/> *Yes b) Provide the following details for your previous Spouse/Common-law Partner: Family name <span style="margin-left: 150px;">Given name(s)</span>			
c) Date of birth  YYYY MM DD	d) Type of relationship	From  YYYYMM-DD	To  YYYYMM-DD

**LANGUAGE(S)**

<b>1</b> a) Native language/Mother Tongue	b) Are you able to communicate in English and/or French? <input type="checkbox"/> *No <input type="checkbox"/> *Yes	c) In which language are you most at ease?
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> *No <input type="checkbox"/> *Yes		

**PASSPORT**

<b>1</b> *Passport number	<b>2</b> *Country of issue	<b>3</b> * Issue date  YYYYMM-DD	<b>4</b> *Expiry date  YYYYMM-DD
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**NATIONAL IDENTITY DOCUMENT**

<b>1</b> Do you have a national identity document? <input type="checkbox"/> *No <input type="checkbox"/> *Yes				
<b>2</b> Document number	<b>3</b> Country of issue	<b>4</b> Issue date  YYYYMM-DD	<b>5</b> Expiry date  YYYYMM-DD	

**USPRCARD**

<b>1</b> Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)? <input type="checkbox"/> *No <input type="checkbox"/> *Yes	
<b>2</b> Document number	<b>3</b> Expiry date  YYYYMM-DD

**CONTACT INFORMATION**

<p><b>If submitting your application by mail:</b></p> <ul style="list-style-type: none"> <li>- All correspondence will go to this address unless you indicate your e-mail address below.</li> <li>- Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.</li> <li>- If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.</li> </ul>						
<b>1 Current mailing address</b>						
P.O. box	Apt/Unit	Street no.	*Street name			
*City/Town		*Country		Province/State	Postal code	District
<b>2 Residential address</b> Same as mailing address? <input type="checkbox"/> *No <input type="checkbox"/> *Yes						
Apt/Unit	Street no.	Street name			City/Town	
Country		Province/State	Postal code	District		
<b>3 Telephoneno.</b> <input type="checkbox"/> Canada/US <input type="checkbox"/> Other  Type CountryCode No. Ext.				<b>4 Alternate Telephoneno.</b> <input type="checkbox"/> Canada/US <input type="checkbox"/> Other  Type CountryCode No. Ext.		
<b>5 Faxno.</b> <input type="checkbox"/> Canada/US CountryCode No. Ext. <input type="checkbox"/> Other				<b>6 E-mail address</b>		

Applicant Name	Date of Birth
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**DETAILS OF VISIT TO CANADA**

<b>1</b>	* a) Purpose of my visit	b) Other					
<b>2</b>	Indicate how long you plan to stay	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; text-align:center;">* From YYYYMM-DD</td> <td style="width:30%; text-align:center;">* To YYYYMM-DD</td> <td style="width:40%;"></td> </tr> </table>	* From YYYYMM-DD	* To YYYYMM-DD		<b>3</b>	* Funds available for my stay (CAD)
* From YYYYMM-DD	* To YYYYMM-DD						
<b>4</b>	Name, address and relationship of any person(s) or institution(s) I will visit:						
<b>1</b>	* Name						
<b>1</b>	Relationship to me	* Address in Canada					
<b>2</b>	Name						
<b>2</b>	Relationship to me	Address in Canada					

**EDUCATION**

Have you had any postsecondary education (including university, college or apprenticeship training)? <input type="checkbox"/> * No <input type="checkbox"/> * Yes				
If you answered "yes", give full details of your highest level of postsecondary education.				
<b>1</b>	From YYYY MM	Field of study	School/Facility name	
<b>1</b>	To YYYY MM	City/Town	Country	Province/State

**EMPLOYMENT**

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, Member of Parliament, hospital administrator, employee of a security organization). Do not leave gaps. If retired, not working or studying, please indicate. If you are retired, please provide the 10 years before your retirement.				
<b>1</b>	From *YYYY *MM	* Current Activity/Occupation	* Company/Employer/Facility name	
<b>1</b>	To YYYY MM	* City/Town	* Country	Province/State
<b>2</b>	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
<b>2</b>	To YYYY MM	City/Town	Country	Province/State
<b>3</b>	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
<b>3</b>	To YYYY MM	City/Town	Country	Province/State

Applicant Name

Date of Birth

**BACKGROUND INFORMATION**

You must complete this section if you are 18 years of age or older.

Clear Section

**1**

a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis?  No  Yes

b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?  No  Yes

c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).

**2**

a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?  No  Yes

b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country?  No  Yes

c) Have you previously applied to enter or remain in Canada?  No  Yes

d) If you answered "yes" to question 2a), 2b), or 2c) please provide details.

**3**

a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country?  No  Yes

b) If you answered "yes" to question 3a) above, please provide details.

**4**

a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)?  No  Yes

b) If you answered yes to question 4a), please provide dates of service and countries where you served.

**5**

Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time?  No  Yes

Applicant Name	Date of Birth
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6 Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?  No  Yes

If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.

### SIGNATURE

Citizenship and Immigration Canada (CIC), or an organization at CIC's request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? (Y/N)  No  Yes

I consent to the release to Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

\_\_\_\_\_  
Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

\_\_\_\_\_  
Date: YYYY-MM-DD

### IMPORTANT NOTE:

**This application must be signed and dated before it is submitted by mail.**

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

### DISCLOSURE

Information provided to IRCC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), the Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), the Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to or validated with foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and/or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate or prosecute an offence under any law of Canada or a province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to IRCC's line of business and services and the Government of Canada's access to information and privacy programs are available at the [Infosource website](#) and through the IRCC Call Centre. Info Source is also available at public libraries across Canada.

Validate







# SCHEDULE 1 APPLICATION FOR TEMPORARY RESIDENCE

The principal applicant, his or her spouse or common-law partner, if applicable, and all dependent children aged 18 years or older listed in the application for temporary residence must complete their own copy of this form.

Validate

Clear Form

\*Indicate whether you are  The principal applicant  The spouse, common-law partner or dependent child aged 18 years or older of the principal applicant

**OFFICEUSEONLY**  
Validated

**1 Full name**

\*Family name (as shown on your passport or travel document) Given name(s) (as shown on your passport or travel document)

**2** \*Date of birth  YYYY  MM  DD **3** UCI

Canada places a high value on bringing those who commit acts of genocide, war crimes or crimes against humanity to justice. Canada was the first country to incorporate the obligations of the Rome Statute into its national laws.

**4 Military Service**

Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer)

\*No  \*Yes  Give the following details:

From YYYY MM	To YYYY MM	Location/Place where stationed	Province	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add more rows

**5** Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious

\*No  \*Yes  Give the following details:

From YYYY MM	To YYYY MM	Location	Province	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details:					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details:					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details:					

Add more rows



**6 Membership or Association with Organizations**

Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? Do not use abbreviations.

\*No  \*Yes ► Give the following details:

From YYYY MM	To YYYY MM	Name of organization	Activities and/or positions held within organization	Province	Country	
						-
						-
						-
						-

Add more rows ►

**7 Government Positions**

Have you ever held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator)? Do not use abbreviations.

\*No  \*Yes ► Give the following details:

From YYYY MM	To YYYY MM	Country	Level of jurisdiction (e.g. national, regional, municipal)	Department/Branch	Activities and/or positions held	
						-
						-
						-
						-

Add more rows ►

**8 Previous Travel**

Since the age of 18 or during the past five years, whichever is more recent, have you travelled to any country other than the country of your citizenship or your current country of residence?

\*No  \*Yes ► Give the following details:

From YYYY MM	To YYYY MM	Country	Location	Purpose of Travel	
					-
					-
					-
					-

Add more rows ►

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**Validate**