**INFORMATION REQUIRED FOR CANADA VISIT VISA**

|  |  |
| --- | --- |
| NAME |  |
| DATE OF BIRTH |  |
| PLACE OF BIRTH |  |
| MARITAL STATUS |  |
| NAME OF SPOUSE |  |
| DATE OF MARRIAGE |  |
| PASSPORT NUMBER |  |
| DATE OF ISSUE |  |
| DATE OF EXPIRY |  |
| ISSUED FROM |  |
| CNIC NUMBER |  |
| DATE OF ISSUE |  |
| DATE OF EXPRY |  |
| HOME ADDRESS |  |
| TELEPLHONE NUMBER |  |
| EMAIL |  |
| PURPOSE OF VISIT |  |
| DATE OF ARRIVAL |  |
| DATE OF DEPARTURE |  |
| FUNDS AVAILABLE FOR YOUR TRIP |  |
| CONTACT NAME/HOTEL NAME IN CANADA |  |
| CONTACT ADDRESS/HOTEL ADDRESS IN CANADA |  |
| TELEPHONE NUMBER |  |
| RELATIONSHIP WITH CONTACT PERSON IN CANADA |  |
| EDUCATION |
| NAME OF DEGREE/ DEIPLOMA |  |
| NAME OF INSTITUTION |  |
| DATE OF ATTENDANCE FROM TO |  |
| EMPLOYMENT |
| Present occupation |  |
| Name of Employer/business |  |
| Address with telephone number |  |
| Starting Date |  |
| Ending Date |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Have you ever been refused a visa |  |
| Have you previously applied to enter in Canada |  |
| If yes, give reason |  |

**FAMILY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF SPOUSE |  |  |  |
| DATE OF BIRTH OF SPOUSE |  |  |  |
| NAME OF FATHER |  |  |  |
| DATE OF BIRTH OF FATHER |  |  |  |
| ADDRESS |  |  |  |
| NAME OF MOHTER |  |  |  |
| MOTHER’S DATE OF BIRTH |  |  |  |
| ADDRESS |  |  |  |
|  |  |  |  |
| **DETAIL OF BROTHERS AND DISTERS** |
| Name / occupation | Relationship | Date of Birth | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **DETAIL OF CHILDREN** |
| Name/ occupation | Relationship | Date of Birth | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**DETAIL OF VISITS PREVIOUS TEN YEARS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Name of country** | **Location** | **Purpose of visit** |
| Year | Month | Year | Month |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |