

ADDITIONAL INFORMATION FORM

1. Applicant Details

First & Last Name: _____

Application Number: _____

2. Dependent Details

2.1 Spouse/Common-Law Partner

First & Last Name: _____

Age (in years): _____

Current location/address: _____

Citizenship: _____

Status, if in Canada: _____

Spouse Work Experience:

Organization Name	Date (from & to)	Job Title & NOC code	Location

Spouse Education:

Education Institution Name	Date (from & to)	Course Name	Location

2.2 Dependent Children

First & Last Name: _____

Age (in years): _____

Current location/address: _____

Citizenship: _____

Status, if in Canada: _____

Name of the school, if within the community: _____

3. Family Member within the Community

First and Last name: _____

Status in Canada:

City of residence within the community since a year _____

Names of the proofs submitted: _____

4. Proof of Rental/Property Ownership

Address within Community: _____

Agreement/RTB Rental Contract: _____

Payment proof (for e.g. Interac): _____

5. Volunteer experience details

Name of Experience	Date (from & to)	Location	Type of Proof submitted

6. Professional Membership

Professional Membership within the community, if any.

FYI: Professional Memberships are those which are organized and registered. Few examples are but not limited to: CPA, CPHR, any registered sports group.

Name of Professional Membership Group	Date (from & to)	Location of the group

7. Declaration

By signing this form, I acknowledge the above-mentioned information is true to my knowledge.

Signature of the Applicant: _____

Date: _____