



### APPLICATION FOR TEMPORARY RESIDENT VISA

1 UCI	2 I want service in	3 Visa requested シングル/マルチ/経由	OFFICE USE ONLY Validated
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**PERSONAL DETAILS**

1 Full name Family name (as shown on your passport or travel document) 姓		Given name(s) (as shown on your passport or travel document) 名	
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.)? Family name 姓		<input type="checkbox"/> No <input type="checkbox"/> Yes 通称/別名の有無 Given name(s) 名	
3 Sex 性別	4 Date of birth 生年月日 年 月 日 YYYY MM DD	5 Place of birth 出生地 City/Town 市/町 Country 国名	
6 Citizenship 国籍			
7 Current country of residence: 居住国			
国名 Country	在留資格 Status	その他 Other	
	国民/永住権訪問者/就労/学生/その他		From 上陸日 YYYY-MM-DD To ビザ期限 YYYY-MM-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? 過去5年間に6ヶ月以上外国(自国以外の国/上記居住国以外)に住んだことがありますか			<input type="checkbox"/> No <input type="checkbox"/> Yes
国名 Country	在留資格 Status	その他 Other	From 期間 To 年/月/日 年/月/日 YYYY-MM-DD YYYY-MM-DD
	国民/永住権/訪問者/就労/学生/その他		
9 Country where applying: 申請する国 Same as current country of residence? <input type="checkbox"/> No <input type="checkbox"/> Yes 居住している国と同じですか			
国名 Country	在留資格 Status	その他 Other	From 期間 To 年/月/日 年/月/日 YYYY-MM-DD YYYY-MM-DD
10 a) Your current marital status 現在の婚姻状況 無効結婚/内縁/離婚/別居/独身/死別		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 婚姻届の提出日 Date 年/月/日 YYYY-MM-DD	
c) Provide the name of your current Spouse/Common-law partner			
Family name 現在の配偶者 姓		Given name(s) 名	

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

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

11 Have you previously been married or in a common-law relationship? <input type="checkbox"/> No <input type="checkbox"/> Yes 以前結婚していたことがありますか	
Provide the following details for your previous Spouse/Common-law Partner:	
Family name 前の配偶者の姓	Given name(s) 名
Type of relationship 関係 結婚/内縁	From 期間 年/月/日 YYYY-MM-DD
	To 年/月/日 YYYY-MM-DD

## PASSPORT

1 Passport number パスポート番号	2 Country of Issue 発行国	3 Issue date 発行日 YYYY-MM-DD	4 Expiry date 有効期間 YYYY-MM-DD
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## CONTACT INFORMATION

If submitting your application by mail:

- All correspondence will go to this address unless you indicate your e-mail address below.
- Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.
- 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.

1 Current mailing address 現在住所						
P.O. box	Apt/Unit 部屋番号	Street no. 番地	Street name 通りの名前			
City/Town 市/町/区	Country 国	Province/State	Postal code 郵便番号	District 県		
2 Residential address Same as mailing address? <input type="checkbox"/> No <input type="checkbox"/> Yes 郵送先 (現住所と同じならば記入不要)						
Apt/Unit 部屋番号	Street no. 番地	Street name 通りの名前			City/Town 市/町	
Country 国名	Province/State	Postal code 郵便番号	District 県			
3 Telephone no. 電話番号 <input type="checkbox"/> Canada/US カナダ/US <input type="checkbox"/> Other その他の国				4 Alternate Telephone no. その他の電話番号 <input type="checkbox"/> Canada/US カナダ/US <input type="checkbox"/> Other その他の国		
Type 自宅/携帯/会社	Country Code 国番号	No. 電話番号	Ext. 内線	Type 自宅/携帯/会社	Country Code 国番号	No. 電話番号
5 Fax no. FAX番号 <input type="checkbox"/> Canada/US カナダ <input type="checkbox"/> Other				6 E-mail address エメールアドレス		

## DETAILS OF VISIT TO CANADA

1 a) Purpose of my visit 渡航目的 商用/観光/その他		b) Other その他の場合、詳細を記入	
2 滞在期間 Indicate how long you plan to stay		From 年/月/日 YYYY-MM-DD	To 年/月/日 YYYY-MM-DD
3 Funds available for my stay (CAD) 滞在費用 (カナダドルで記入)			
4 Name, address and relationship of any person(s) or institution(s) I will visit: 訪問先			
Name 名前			
1 Relationship to me 関係		Address in Canada カナダ住所	

Applicant Name	Date of Birth
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**DETAILS OF VISIT TO CANADA (CONTINUED) 訪問先**

2	Name 名前		
	Relationship to me 関係	Address In Canada 住所	

**EDUCATION**

Have you had any post secondary education (including university, college or apprenticeship training)?  No  Yes 中等教育以上（大学、短大、職業訓練を含む）を受けましたか  
 If you answered "yes", give full details of your highest level of post secondary education.

1	From 年/月/日	Field of study 学部名	School/Facility name 学校名/機関名	
	期間 YYY MM To 年/月/日 YYY MM	City/Town 市/町	Country 国名	Province/State 県

**EMPLOYMENT 過去10年間の職歴（退職、無職、学生の場合はその旨記入。退職した場合、退職する10年前の職歴を記入）**

Give details of your employment for the past 10 years. If retired, not working, or studying, please indicate. If you are retired, provide the 10 years before your retirement.

1	From 年/月/日	Current Activity/Occupation 現在の職業・活動	Company/Employer/Facility name 会社/雇用者/機関名	
	期間 YYY MM To 年/月/日 YYY MM	City/Town 市/町	Country 国名	Province/State 県
2	From YYY MM	Previous Activity/Occupation 以前の職業・活動	Company/Employer/Facility name	
	To YYY MM	City/Town	Country	Province/State
3	From YYY MM	Previous Activity/Occupation 以前の職業・活動	Company/Employer/Facility name	
	To YYY MM	City/Town	Country	Province/State

**BACKGROUND INFORMATION**

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

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? <span style="color:red;">2年以内に申請者、または家族が肺結核を罹ったり、肺結核患者と接したことがありますか</span>	<input type="checkbox"/> No <input type="checkbox"/> 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? <span style="color:red;">カナダ滞在中薬剤以外で社会的、または健康のサービスを受ける必要がある肉体的・精神的疾患がありますか</span>	<input type="checkbox"/> No <input type="checkbox"/> Yes
	c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable). <span style="color:red;">1a)、1b)でyesの場合詳細と家族の名前を記入して下さい</span>	

Applicant Name

Date of Birth

## DETAILS OF VISIT TO CANADA (CONTINUED)

- 2 a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?  No  Yes  
 これまでにカナダでビザの期限を超えて認可なく学校に出席したことがありますか、また認可なく働いたことがありますか
- b) Have you ever been refused any kind of visa, admission, or been ordered to leave Canada or any other country?  No  Yes  
 ビザを拒否された事がありますか。またカナダや他の国を出国されるよう命令された事がありますか

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

2a)と2b)でyesの場合詳細を記入して下さい

- 3 a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country?  No  Yes  
 これまでいかなる国において逮捕されたり告訴されたり有罪判決を受けたりしたことがありますか
- b) If you answered "yes" to question 3a) above, please provide details.

yesの場合詳細を記入して下さい

- 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  
 兵役、防衛に関わったことがありますか (非兵役、志願兵を含む)
- b) If you answered yes to question 4a), please provide dates of service and countries where you served.

yesの場合兵役についてた期間と国を記入

- 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  
 政治的・宗教的目的のために暴力行為を支持した、またはいかなる犯罪行為に関係した政治団体に所属したことはありますか。

- 6 Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?  No  Yes  
 囚人や市民の虐待、宗教建築物の冒涜行為を目撃したり、行為に参加したりしたことはありますか。

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.

3~6にyesと答えた場合、または領事の求めによりIMM5257/Schedule 1の提出を求められる場合があります

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 by the visa office.

The information you provide on this form is collected under the authority of the Immigration and Refugee Protection Act to determine if you may be admitted to Canada as a visitor. It will be stored in Personal Information Bank CIC PPU OSS, Visitor Case file. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS) and foreign governments in accordance with the subsection 8(2) of the Privacy Act. In accordance with the Privacy Act and the Access to Information Act individuals have a right to protection of and access to their personal information. Details on these matters are available at the Infosource website (<http://infosource.gc.ca>) and through the Citizenship and Immigration Canada Call Centre. Infosource is also available at public libraries across Canada.