



This document should be used only as a guide to help you complete the form for your online in-Canada TRV application. Sample answers for critical cells are provided only for reference purposes. All required cells need to be filled in. For the most up-to-date information and details on how to complete the IMM 5257e form, please refer to: <https://www.canada.ca/en/immigration-refugees-citizenship/services/application/application-forms-guides/guide-5256-applying-visitor-visa-temporary-resident-visa.html>

APPLICATION FOR VISITOR VISA (TEMPORARY RESIDENT VISA)

If you need more space for any section, print out an additional page containing the appropriate section.

1 UCI 8/10 digit number printed on the top of your study or work permit	2 * I want service in Select the appropriate language	3 * Visa requested Select 'Visitor Visa'	OFFICE USE ONLY
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PERSONAL DETAILS

1 Full name				
*Family name (as shown on your passport or travel document) Enter your last name (family name) as per your passport. If you do not have a family name, enter all your given name(s) in the family name field and leave the given name(s) field blank.		Given name(s) (as shown on your passport or travel document) Enter your given name(s) (first name) as per your passport. Do not use initials.		
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? <input type="checkbox"/> * No <input type="checkbox"/> * Yes				
Family name Enter if you answered "yes" to Q.2		Given name(s) Enter if you answered "yes" to Q.2		
3 *Sex	4 * Date of birth Enter as per your passport YYYY MM DD	5 Place of birth * City/Town Enter as per your passport		* Country or Territory Enter as per your passport
6 *Citizenship Enter current citizenship				
7 Current country or territory of residence:				
Country or Territory	Status	Other	From	To
* Select 'Canada'	* Select 'Student'		Issue date of current SP/WP YYYY-MM-DD	Expiry date of current SP/WP YYYY-MM-DD
8 Previous countries or territory of residence: During the past five years have you lived in any country or territory other than your country of citizenship or your current country or territory of residence (indicated above) for more than six months? Select the appropriate answer <input type="checkbox"/> * No <input type="checkbox"/> * Yes				
Country or Territory	Status	Other	From	To
Fill out all the necessary fields if you answered "yes" to question 8			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD
9 Country or Territory where applying: Same as current country or territory of residence? <input type="checkbox"/> * No <input type="checkbox"/> * Yes Select the appropriate answer				
Country or Territory	Status	Other	From	To
Fill out all the necessary fields if you answered "no" to question 9			YYYY-MM-DD	YYYY-MM-DD
10 * a) Your current marital status Answer as per your situation		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 YYYY-MM-DD
c) Provide the name of your current Spouse/Common-law partner				
Family name Enter the last name of your spouse, if applicable.		Given name(s) Enter the first name of your spouse, if applicable.		

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name	Date of Birth
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PERSONAL DETAILS (CONTINUED)

11 a) Have you previously been married or in a common-law relationship? <input type="checkbox"/> *No <input type="checkbox"/> *Yes b) Provide the following details for your previous Spouse/Common-law Partner: Family name Given name(s)			
Answer questions 11(a) to (d) if applicable and as per your situation			
c) Date of birth	d) Type of relationship	From	To
YYYY MM DD		YYYY-MM-DD	YYYY-MM-DD

LANGUAGE(S)

1 *a) Native language/Mother Tongue Select your mother tongue	*b) Are you able to communicate in English and/or French? Answer as per your situation	c) In which language are you most at ease? Answer as per your situation
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

1 * Passport number 1-4: Provide the most current passport details here. If your passport will expire soon, have it renewed first. There must be at least one blank page other than the last page available on the passport.	2 * Country or territory of issue	3 * Issue date YYYY-MM-DD	4 * Expiry date YYYY-MM-DD
5 * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> *No <input type="checkbox"/> *Yes Answer as per your situation			
6 * For this trip, will you use a National Israeli passport? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			

NATIONAL IDENTITY DOCUMENT

1 Do you have a national identity document? <input type="checkbox"/> *No <input type="checkbox"/> *Yes If you have a government issued identity document, other than your passport, select "yes".	2 Document number 2-5: Enter details of your national identity document, if applicable, otherwise put "NA" under Document number	3 Country or territory of issue	4 Issue date YYYY-MM-DD	5 Expiry date YYYY-MM-DD
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US PR CARD

1 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 Answer as per your situation	2 Document number 2-3: Enter relevant details here if you responded "yes" to the above question regarding US PR Card, otherwise, enter "NA" under Document number.	3 Expiry date 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 P.O. box Apt/Unit Street no. * Street name A Post Office Box is a lockable mailbox located in a post office station. If you do not have one, leave it blank. If you live in an apartment or townhouse, enter the unit number, otherwise leave it blank. If you do not indicate a post office box number, the Street number must be provided. When entering the street name, do not abbreviate words (Street, Avenue, Drive, etc.). * City/Town * Country or Territory Province/State Postal code District Type your current mailing address (where information should be mailed).						
2 Residential address Same as mailing address? <input type="checkbox"/> *No <input type="checkbox"/> *Yes Apt/Unit Street no. Street name City/Town If the address you live at is the same as your mailing address then select "yes", otherwise select "no" and provide your residential address details here. Country or Territory Province/State Postal code District						
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other If you have a contact number, you may enter it here. Type your telephone number including the country code, area/regional codes, etc. If you have an extension number, write it after your phone number under "Ext." Type Country Code No. Ext.			4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Type Country Code No. Ext.			
5 Fax no. <input type="checkbox"/> Canada/US Country Code No. Ext. <input type="checkbox"/> Other			6 E-mail address Enter your email address. If you provide your email ID, you are authorizing IRCC to send all correspondence electronically to the email address provided.			

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DETAILS OF VISIT TO CANADA

1	* a) Purpose of my visit Select 'Returning Student' (or "Returning Worker" if applicable)		b) Other	
2	Indicate how long you plan to stay	* From Date of application submission YYYY-MM-DD	* To Expiry date of current SP/WP YYYY-MM-DD	3 * Funds available for my stay (CAD) Provide a reasonable amount to cover your stay. It should be consistent with your financial proof document. IRCC's standard living cost for one student is \$10,000 CAD per year (not counting tuition fee).
4	Name, address and relationship of any person(s) or institution(s) I will visit:			
1	* Name Kwantlen Polytechnic University		*For workers, fill in section 4 as per your situation	
	Relationship to me My University	* Address in Canada 12666 72 Avenue, B.C., Surrey, Canada V3W 2M8		
2	Name Provide more information here based on your situation, if applicable .			
	Relationship to me	Address in Canada		

EDUCATION *Provide additional information in a separate document to upload if you need more space.

Have you had any post secondary education (including university, college or apprenticeship training)?				<input type="checkbox"/> * No	<input checked="" type="checkbox"/> * Yes
If you answered "yes", give full details of your highest level of post secondary education.					
1	From Start date of program YYYY MM	Field of study Current program name	School/Facility name Kwantlen Polytechnic University		
	To Leave blank or enter form validation date YYYY MM	City/Town Surrey	Country or Territory Canada	Province/State BC	

*You cannot leave the first line blank even if you do not have any work history. If you are a worker using your work permit to study, fill in this

EMPLOYMENT section as per your own situation.

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.					
1	From Start date of program * YYYY * MM	* Current Activity/Occupation Student	* Company/Employer/Facility name Kwantlen Polytechnic University		
	To Leave blank or enter form validation date YYYY MM	* City/Town Surrey	* Country or Territory Canada	Province/State BC	
2	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name Provide your employment history for the past 10 years, in Canada and abroad, if applicable. Start with the most recent activities.		
	To YYYY MM	City/Town	Country or Territory	Province/State	
3	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name		
	To YYYY MM	City/Town	Country or Territory	Province/State	

Applicant Name

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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? No Yes
Read each question carefully and answer 'Yes' or 'No' truthfully.

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).

Provide additional details here if you selected "yes" for 1(a) or 1(b).

2 a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? No Yes
Read each question carefully and answer 'Yes' or 'No' truthfully.

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

c) Have you previously applied to enter or remain in Canada? No Yes
Select 'yes' for 2(c) and provide details below

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

**Provide additional details here if you selected "yes" above.
 Example for 2(c): I applied for a study permit / work permit / temporary resident visa in [Month], [Year] and it was approved. The study permit / work permit / temporary resident visa will expire on [Month] [Date], [Year].**

3 a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country or territory? No Yes
Read each question carefully and answer 'Yes' or 'No' truthfully.

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

Provide additional details here if you selected "yes" for 3(a).

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
Read each question carefully and answer 'Yes' or 'No' truthfully.

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

Provide additional details here if you selected "yes" for 4(a).

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? **Answer 'Yes' or 'No' truthfully** No Yes

6 Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? **Answer 'Yes' or 'No' truthfully** 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.

Applicant Name

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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

Select the appropriate answer, usually 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.

If you are applying online, simply validate and save the file without signing.

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.

PRIVACY NOTICE

Personal information provided on this form is collected and will be used, disclosed, and retained by Immigration, Refugees and Citizenship Canada (IRCC) under the authority of the Immigration and Refugee Protection Act (IRPA). The personal information provided will be used for the purpose of processing applications. The personal information provided may be disclosed to other federal government institutions and third parties including law enforcement bodies, provincial/territorial governments and/or foreign governments for the purpose of validating identity, eligibility and admissibility.

The personal information collected on an application, and other information collected in support of an application, may be used for computer analytics to support processing of applications and decision making, including your application. Personal information, including from computer analytics, may also be used for purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Where biometrics are provided in support 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.

Failure to complete the form in full may result in a delay or the application not being processed. The Privacy Act gives individuals the right of access to, protection, and correction of their personal information. Further details are available in [Info Source](#). If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the [Office of the Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's personal information bank – [IRCC PPU 068](#).

Click "Validate" here.

Validating the form will generate a page of bar codes. Save the form after validating, then upload it to your MyCIC account. If you make changes after validation, please validate again.