FAMILY INFORMATION

Type of application: ☐ Visitor ☐ Worker ☑ Student ☐ Other

Complete **ALL** names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). Include **ALL** family members even if they are not accompanying you. If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

BEFORE YOU START, READ THE INSTRUCTION GUIDE, TYPE OR PRINT IN BLACK INK.

SECTION A

Name	Relationship SEE NOTE 1	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country and date)	Will accompany you to Canada? YES	NO
KARZAN KAMAL MOHAMMED Marital status: Married-physically present	**Applicant**	1987-05-01 Country of birth: IRAQ	IRAQ, SULAYMANEYAH, CHWARCHRA, DISTRICT 413, ALLEY 87, HOUSE 08 Present occupation: HOUSEWIFE		
LANJA SALAHALDDIN AHMED Marital status: Married-physically present	**Spouse or common-law partnert**	1990-08-23 Country of birth: IRAQ	IRAQ, SULAYMANEYAH, CHWARCHRA, DISTRICT 413, ALLEY 87, HOUSE 08 Present occupation: SELFEMPLOYED-BUSINESSMAN	☑	☐
ZINA HAMA MOHAMMED AZIZ Marital status: Married	**Mother**	1965-07-01 Country of birth: IRAQ	IRAQ, SULAYMANEYAH, KANIGOMA Present occupation: HOUSEWIFE	☐	☑
KAMAL MOHAMMED Marital status: Married	**Father**	1956-07-01 Country of birth: IRAQ	IRAQ, SULAYMANEYAH, KANIGOMA Present occupation: SELFEMPLOYED-BUSINESSMAN	☐	☑

NOTE 1: If no spouse or common-law partner is listed in Section A, read and sign below.

I certify that I do not have a spouse or a common-law partner.

Signature: _____ Date (YYYY-MM-DD) _____

SECTION B - CHILDREN (Include **ALL** sons and daughters, including **ALL** adopted and step-children, regardless of age or place of residence)

Name	Relationship SEE NOTE 2	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country and date)	Will accompany you to Canada? YES	NO
Marital status: Annulled marriage		Country of birth:	Present occupation:	☐	☐
Marital status:		Country of birth:	Present occupation:	☐	☐
Marital status:		Country of birth:	Present occupation:	☐	☐
Marital status:		Country of birth:	Present occupation:	☐	☐

NOTE 2: If no children are listed in Section B, read and sign below.

I certify that I do not have any natural, adopted nor step-children.

Signature: _____ Date (YYYY-MM-DD) 2018-10-12

SECTION C - BROTHERS AND SISTERS (Include ALL brothers and sisters, ALL half-brother and sister and stepbrother and sister.)

Name	Relationship SEE NOTE 2	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country and date)	Will accompany you to Canada? YES	NO
KARWAN KAMAL MOHAMMED Marital status: Single	BROTHER	1981-01-01 Country of birth: IRAQ	IRAQ, SULAYMANEYAH, KANIGOMA Present occupation: TAXI DRIVER	☐	☑
CHRW KAMAL MOHAMMED Marital status: Married	SISTER	1981-12-12 Country of birth: IRAQ	UNITED KINGDOM Present occupation: TEACHER	☐	☑
CHEMAN KAMAL MOHAMMED Marital status: Married	SISTER	1985-02-28 Country of birth: IRAQ	IRAQ, SULAYMANEYAH, CHWARCHRA Present occupation: TEACHER	☐	☑
SARA KAMAL MOHAMMED Marital status: Single	SISTER	1990-10-29 Country of birth: IRAQ	IRAQ, SULAYMANEYAH, KANIGOMA Present occupation: STUDENT	☐	☑
Marital status:		Country of birth:	Present occupation:	☐	☐
Marital status:		Country of birth:	Present occupation:	☐	☐
Marital status:		Country of birth:	Present occupation:	☐	☐

SECTION D - CERTIFICATION

I certify that the information contained in this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.

Signature: _____ Date (YYYY-MM-DD) 2018-10-12

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 temporary resident. It will be stored in Personal Information Bank CIC PPU 055, Visitor Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.

APPLICATION FOR STUDY PERMIT MADE OUTSIDE OF CANADA

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

1 UCI	2 *I want service in
	English

OFFICE USE ONLY
Validated
Yes

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)
MOHAMMED	KARZAN KAMAL MOHAMMED

2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? ☑ No ☐ Yes

b) Family name	Given name(s)

3 *Sex	4 Date of birth	5 Place of birth	
		*City/Town	*Country or Territory
Male	1987 05 01 (*YYYY *MM *DD)	SULAYMANEYAH	Iraq

6 *Citizenship
Iraq

7 Current country or territory of residence:

Country or Territory	Status	Other	From	To
* Iraq	* Citizen		YYYY-MM-DD	YYYY-MM-DD

8 Previous countries or territories 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? ☑ No ☐ Yes

Country or Territory	Status	Other	From	To
			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? ☐ No ☑ Yes

Country or Territory	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD

10 *a) Your current marital status
Married

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 2014-02-13 YYYY-MM-DD

c) Provide the name of your current Spouse/Common-law partner

*Family name	Given name(s)
AHMED	LANJA SALAHALDDIN AHMED

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

This form is made available by Immigration, Refugees and Citizenship Canada and is not to be sold to applicants.
(DISPONIBLE EN FRANÇAIS - IMM 1294 F)

Canada
10138561

Applicant Name	Date of Birth
MOHAMMED, K.	1987-05-01

PERSONAL DETAILS (CONTINUED)

11 a) Have you previously been married or in a common-law relationship? ☑ No ☐ Yes

b) Provide the following details for your previous Spouse/Common-law Partner:

Family name	Given name(s)

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	*b) Are you able to communicate in English and/or French?	c) In which language are you most at ease?
Kurdish-Central, Kurdi, Sorani	English	

d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? ☑ No ☐ Yes

PASSPORT

1 *Passport number	2 *Country or territory of issue	3 *Issue date	4 *Expiry date
A7125980	IRQ (Iraq)	2012-10-01 YYYY-MM-DD	2020-09-29 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? No Yes

6 * For this trip, will you use a National Israeli passport? No Yes

NATIONAL IDENTITY DOCUMENT

1 Do you have a national identity document? ☑ No ☐ Yes

2 Document number	3 Country or territory of issue	4 Issue date	5 Expiry date
		YYYY-MM-DD	YYYY-MM-DD

US PR CARD

1 Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)? ☑ No ☐ Yes

2 Document number	3 Expiry date
	YYYY-MM-DD

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
	08		CHWARCHRA, DISTICT 413, ALLEY 87

*City/Town	*Country or Territory	Province/ State	Postal code	District
SULAYMANEYAH	Iraq			

2 Residential address Same as mailing address? ☐ No ☑ Yes

Apt/Unit	Street no.	Street name	City/Town

Country or Territory	Province/State	Postal code	District

Applicant Name	Date of Birth
MOHAMMED, K.	1987-05-01

3 Telephone no. ☐ Canada/US ☑ Other

*Type	*Country Code	*No.	Ext.
Cellular	964	7731654529	

4 Alternate Telephone no. ☐ Canada/US ☐ Other

Type	Country Code	No.	Ext.

5 Fax no. ☐ Canada/US ☐ Other

Country Code	No.	Ext.

6 E-mail address

karzan.kamal987@gmail.com

DETAILS OF INTENDED STUDY IN CANADA

1 I have been accepted at the following educational institution (Attach the original letter of acceptance).

*a) Name of School	* b) My level of study will be:	*c) My field of study will be:
MOHAWK COLLEGE	ESL/FSL	Arts/Humanities/Social Science

d) Complete address of school in Canada

*Province	*City/Town	*Address
ON	Hamilton, ON	135 FENNEL AVE W.

2 a) Designated Learning Institution # (O#)	b) My Student ID # is:	**3** Duration of expected study ▶	*From	*To
O19376045902	000795898		2019-01-02 YYYY-MM-DD	2019-12-31 YYYY-MM-DD

4 The cost of my studies will be: *Tuition	Room and board	Other	**5** *Funds available for my stay (CAD)	**6** *a) My expenses in Canada will be paid by:	b) Other
$13,060			$28,100	Myself	

If you are less than 17 years of age, you must fill out the Custodian Declaration (IMM 5646) form.

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)? ☑ No ☐ Yes

If you answered "yes", give full details of your highest level of post secondary education.

	From YYYY MM	Field and level of study	School/Facility name	
1	To YYYY MM	City/Town	Country or Territory	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.)

	From *YYYY *MM	*Current Activity/Occupation	*Company/Employer/Facility name	
1		SELFEMPLOYED	OWNER OF MOBILE STORE	
	To YYYY MM	*City/Town	*Country or Territory	Province/State
		SULAYMANEYAH	Iraq	
	From *YYYY *MM	*Previous Activity/Occupation	*Company/Employer/Facility name	
2		STUDENT	INDUSTRIAL MIDDLE PREPATORY SCHOOL	
	To *YYYY *MM	*City/Town	*Country or Territory	Province/State
	2010 07	SULAYMANEYAH	Iraq	
	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
3				
	To YYYY MM	City/Town	Country or Territory	Province/State

Applicant Name	Date of Birth
MOHAMMED, K.	1987-05-01

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

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 or territory? ☑ 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, or been charged with or convicted of any criminal offence in any country or territory? ☑ 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 or territories 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

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.

Applicant Name	Date of Birth
MOHAMMED, K.	1987-05-01

SIGNATURE

Citizenship and Immigration Canada (CIC), or an organization at CIC' 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 understand that CIC is collecting this personal information to assess whether I should be granted a study permit and will use this information to verify my eligibility for a study permit as well as my compliance with the conditions of my study permit. CIC may disclose my personal information to CBSA to enforce the requirements of the Immigration and Refugee Protection Act.

I also understand that CIC may disclose my personal information to my designated learning institution to inquire whether I am in compliance with the conditions of my study permit. I consent to the disclosure of my personal information by my designated learning institution to CIC for the purpose of determining whether I am in compliance with these conditions. Failure to provide such consent will result in a refusal to grant a study permit.

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.

2018-10-12

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.

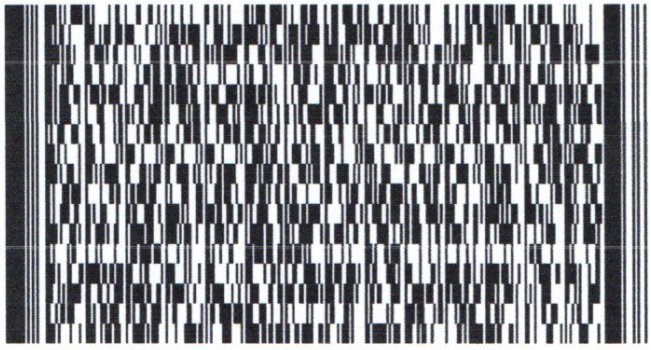
The personal information collected on an application, and other information collected in support of an application, may be used for computer analytics to support processing of applications and decision making, including your application. Personal information, including from computer analytics, may also 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.

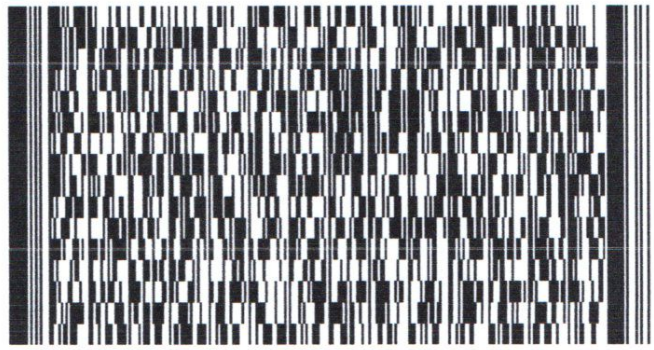
Failure to complete the form in full may result in a delay or the application not being processed. The Privacy Act gives individuals the right of access to, protection, and correction of their personal information. Further details are available in Info Source. If you are not satisfied with the manner 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 051.

Applicant Name	Date of Birth
MOHAMMED, K.	1987-05-01

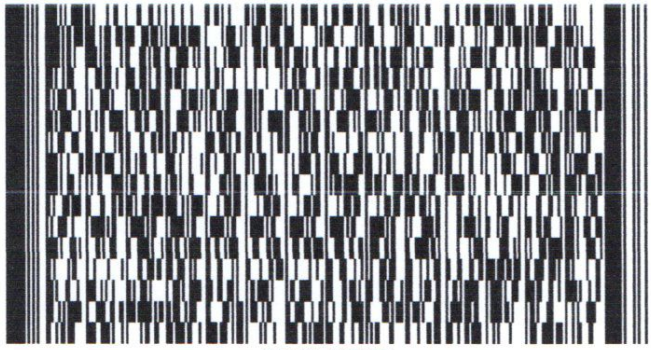
APPLICATION FOR STUDY PERMIT MADE OUTSIDE OF CANADA



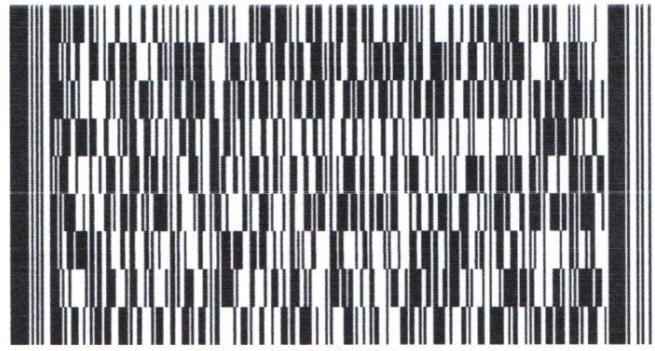
IMM1294_06-2018_1



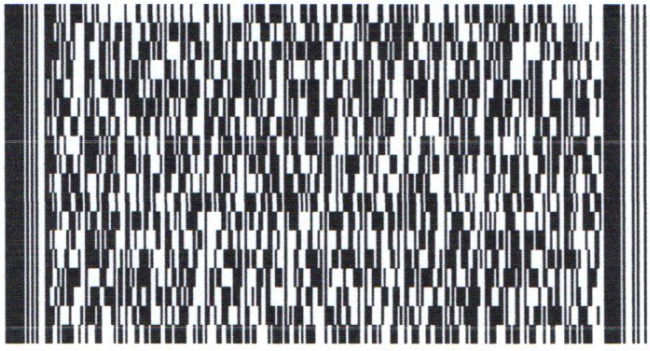
IMM1294_06-2018_2



IMM1294_06-2018_3



IMM1294_06-2018_4



IMM1294_06-2018_5