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APPLICATION FOR VISITOR VISA (TEMPORARY RESIDENT VISA)

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	3 * Visa requested Visitor Visa	OFFICE USE ONLY Validated Yes
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PERSONAL DETAILS

1 Full name	
*Family name (as shown on your passport or travel document) BERRIG	Given name(s) (as shown on your passport or travel document) Lourdes
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Family name	Given name(s)
3 *Sex Female	4 * Date of birth 1947 02 12 YYYY MM DD
5 Place of birth * City/Town: Manila * Country: Philippines	
6 *Citizenship Philippines	
7 Current country of residence:	
Country	Status
France	Foreign National
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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Country	Status
9 Country where applying: Same as current country of residence? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Country	Status
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 1984 - 01 - 07 YYYY-MM-DD	
c) Provide the name of your current Spouse/Common-law partner	
*Family name BERRIG	Given name(s) Olav

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

This form is made available by Citizenship and Immigration Canada and is not to be sold to applicants.

(DISPONIBLE EN FRANÇAIS - IMM 5257 F)

Applicant Name BERRIG, L.	Date of Birth 1947-02-12
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PERSONAL DETAILS (CONTINUED)

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

LANGUAGE(S)

1 *a) Native language/Mother Tongue Tagalog	*b) If your native language is not English or French, which language do you use most frequently? English	*c) Are you able to communicate in English and/or French? English
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

PASSPORT

1 * Passport number EC6320097	2 * Country of issue Philippines	3 * Issue date 2016-01-05 YYYY-MM-DD	4 * Expiry date 2021-01-04 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			
		137	Chemin des Crets			
* City/Town	* Country	Province/State	Postal code	District		
Preveessin-Moens	France		01280	Ain		
2 Residential address Same as mailing address? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						
Apt/Unit	Street no.	Street name			City/Town	
Country		Province/State	Postal code	District		
3 Telephone no. <input type="checkbox"/> Canada/US <input checked="" type="checkbox"/> *Other				4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input checked="" type="checkbox"/> *Other		
*Type	*Country Code	*No.	Ext.	*Type	*Country Code	*No.
Residence	33	0450424673		Cellular	41	0796023840
5 Fax no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				6 E-mail address		
Country Code	No.	Ext.	lourdesberrig@yahoo.com			

DETAILS OF VISIT TO CANADA

1 *a) Purpose of my visit Tourism			b) Other		
2 Indicate how long you plan to stay		* From 2016-06-19 YYYY-MM-DD	* To 2016-07-02 YYYY-MM-DD	3 * Funds available for my stay (CAD) \$9,000	
4 Name, address and relationship of any person(s) or institution(s) I will visit					
* Name RONEY Family					
1 Relationship to me Friends			* Address in Canada Thornhill Place, 1584, V8N5E2 Victoria		

Applicant Name BERRIG, L.	Date of Birth 1947-02-12
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DETAILS OF VISIT TO CANADA (CONTINUED)

2	Name		
	Relationship to me	Address in Canada	

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.

1	From 1981 07 *YYYY *MM	*Field of study International Relations	*School/Facility name Institute of Social Studies
	To 1982 05 *YYYY *MM	*City/Town Hague	*Country Netherlands, The
			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, 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 2015 07 *YYYY *MM	*Current Activity/Occupation Retired	*Company/Employer/Facility name Not Applicable
	To 2016 <input type="text"/> *YYYY *MM	*City/Town Preveessin-Moens	*Country France
			Province/State
2	From 1988 09 *YYYY *MM	*Previous Activity/Occupation Trade Policy Adviser	*Company/Employer/Facility name Department of Trade and Industry, Philippines
	To 2015 06 *YYYY *MM	*City/Town Geneva	*Country Switzerland
			Province/State
3	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name
	To YYYY 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? <input checked="" 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? <input checked="" 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). <div style="border: 1px solid black; height: 20px; background-color: #cccccc;"></div>	
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2	a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes c) Have you previously applied to enter or remain in Canada? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *d) If you answered "yes" to question 2a), 2b), or 2C please provide details. <div style="border: 1px solid black; padding: 5px;"> While in Seattle attending the Ministerial Conference of the WTO, I applied for visitor visa in Seattle. I was issued a visa from 29/11/1999 to 30/05/2000. Number E170077675 </div>	
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Applicant Name BERRIG, L.	Date of Birth 1947-02-12
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BACKGROUND INFORMATION (CONTINUED)

3	a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	b) If you answered "yes" to question 3a) above, please provide details. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
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)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	b) If you answered yes to question 4a), please provide dates of service and countries where you served. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
6	Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.

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

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.

Laurida Berrig

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

2016-02-21

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.

Applicant Name	Date of Birth
BERRIG, L	1947-02-12

DISCLOSURE

Information provided to CIC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), The Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), The Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part 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.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to CIC's line of business and services and the Government of Canada's access to information and privacy programs are available at the Infosource website (<http://infosource.gc.ca>) and through the CIC Call Centre. Infosource is also available at public libraries across Canada.

26 February 2016

Canada Visa Application Center
VF Service UK Ltd
82 rue d'Hauteville
75010 Paris

To whom it may concern

Subject: Letter of Support with regard to my wife's application for a visitor visa

In connection with the above subject this is to inform that I have sufficient funds to support my wife's (as evidenced by the "Titre de Sejour Special" issued by the French authorities in Attachment D) stay while we will be in Canada as per attached salary slip for the past 4 months derived from my employment with the European Organization for Particle Physics (CERN).

Sincerely yours,

Olav Berrig