



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) ZHANG		Given name(s) (as shown on your passport or travel document) HAN WEN	
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? Family name		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Given name(s)	
3 *Sex Female	4 *Date of birth 1989 09 23 YYYY MM DD	5 Place of birth *City/Town CHANGCHUN, JILIN *Country China, People's Republic of	
6 *Citizenship China, People's Republic of			
7 Current country of residence:			
Country	Status	Other	From To
* China, People's Republic of	* Citizen		YYYY-MM-DD 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Country	Status	Other	From To
			YYYY-MM-DD YYYY-MM-DD
			YYYY-MM-DD YYYY-MM-DD
9 Country where applying: Same as current country of residence? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Country	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	
c) Provide the name of your current Spouse/Common-law partner *Family name JIANG		*Date 2014-03-04 YYYY-MM-DD Given name(s) JINZHE	

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name ZHANG, H.	PAGE 2 OF 5 Date of Birth 1989-09-23
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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	
YYYY MM DD		From YYYY-MM-DD To YYYY-MM-DD	

LANGUAGE(S)

1 *a) Native language/Mother Tongue Chinese	*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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

PASSPORT

1 * Passport number PE0397243	2 * Country of issue China, People's Republic of	3 * Issue date 2014-08-13 YYYY-MM-DD	4 * Expiry date 2019-08-13 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 NENU	Street no. 5268	*Street name RENMIN STREET		
*City/Town CHANGCHUN	*Country China, People's Republic of		Province/ State	Postal code 130026	District NANGUAN
2 Residential address Same as mailing address? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Apt/Unit	Street no. 5222	*Street name JINGYUE STREET		*City/Town CHANGCHUN	
*Country China, People's Republic of		Province/State	Postal code 130117	District JINGYUE	
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 Cellular			*Type Business		
*Country Code *No. 86 13180824777			*Country Code *No. 86 43185099336		
Ext.			Ext.		
5 Fax no. <input type="checkbox"/> Canada/US <input checked="" type="checkbox"/> Other					
*Country Code *No. 86 43184524563					
Ext.					
6 E-mail address ZHANGHW@NENU.EDU.CN					

DETAILS OF VISIT TO CANADA

1 *a) Purpose of my visit Other		*b) Other ATTEND INTERNATIONAL CONFERENCE IGARSS 2014	
2 Indicate how long you plan to stay		* From 2014-12-25 YYYY-MM-DD	* To 2014-12-29 YYYY-MM-DD
		3 * Funds available for my stay (CAD) \$5,000	
4 Name, address and relationship of any person(s) or institution(s) I will visit:			
* Name PROFESSOR MONIQUE BERNIER			
1 Relationship to me HOST OF THE CONFERENCE		* Address in Canada 490 RUE DE LA COURONNE, QUEBEC, QUEBEC G1K 9A9	

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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 2008 09 *YYYY *MM	*Field of study ENGLISH LITERATURE	*School/Facility name DALIAN MARITIME UNIVERSITY	
	To 2014 06 *YYYY *MM	*City/Town DALIAN, LIAONING	*Country China, People's Republic of	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 2014 07 *YYYY *MM	*Current Activity/Occupation TEACHER	*Company/Employer/Facility name NORTHEAST NORMAL UNIVERSITYCHA	
	To YYYY MM	*City/Town CHANGCHUN, JILIN	*Country China, People's Republic of	Province/State
2	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country	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).	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	d) If you answered "yes" to question 2a), 2b), or 2c) please provide details.	

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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? b) If you answered "yes" to question 3a) above, please provide details.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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)? b) If you answered yes to question 4a), please provide dates of service and countries where you served.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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.

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.

DISCLOSURE

The information you provide to CIC is collected under the authority of IRPA to determine if you may be admitted to Canada as a visitor. The information may be shared with other organizations such as CBSA, DFAIT, RCMP, CSIS and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may also 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 under the terms of an agreement or arrangement for the purposes of validating status and identity to administer their programs.

If you are required to provide biometric information to accompany your application, the fingerprints collected will be stored and shared with the RCMP and the fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11 of the Immigration and Refugee Protection Regulations. This information may be used in relation to an offence under any law of Canada or a province for the purposes of establishing or verifying the identity of an individual, or to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition.

The information you provide to CIC will be stored in the Personal Information Bank (PIB) CIC PPU (039 and 055). If you are required to provide biometric information, your fingerprints shared with the RCMP will be stored in the PIB CMP PPU 030. Individuals have a right to protection of and access to their personal information stored in each corresponding PIB in accordance with the Privacy Act and the Access to Information Act.

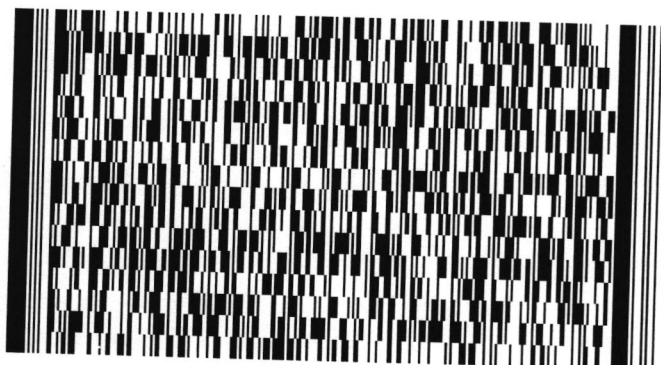
Details on these matters are available at the Infosource website (<http://infosource.gc.ca>) and through the CIC Call Centre. Infosource is also available at public libraries across Canada.

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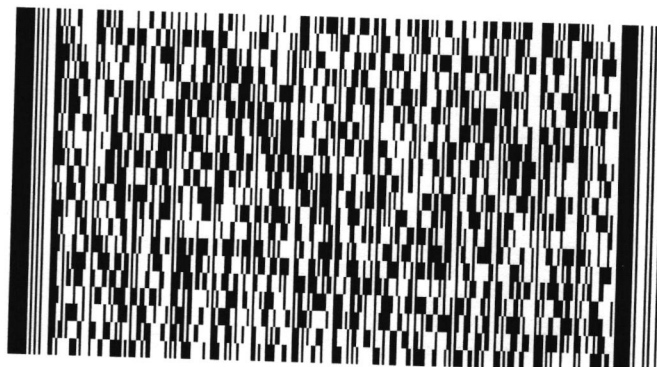
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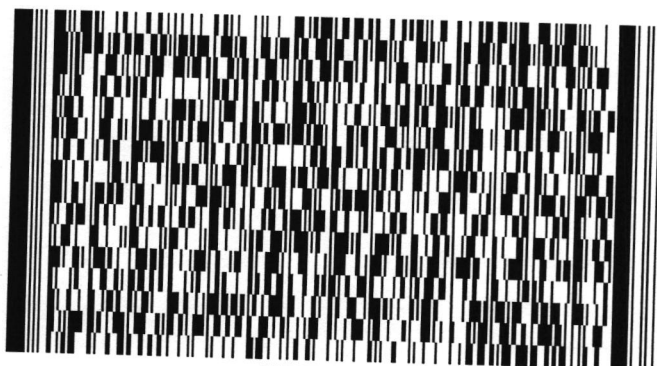
**APPLICATION FOR VISITOR VISA
(TEMPORARY RESIDENT VISA)**



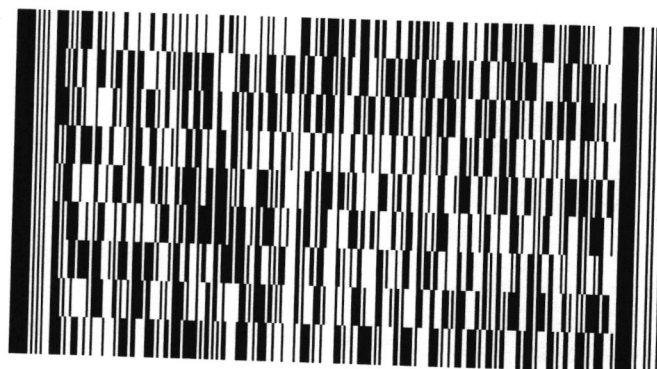
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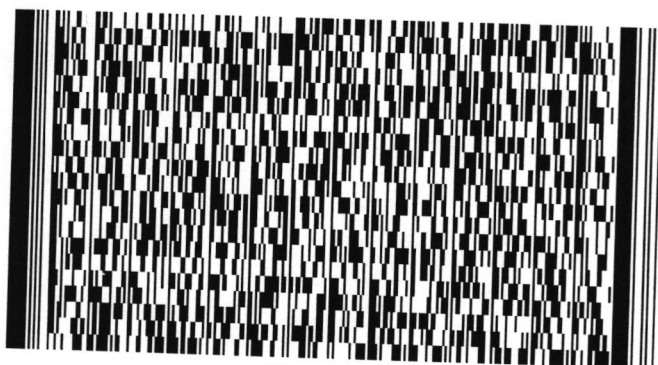
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