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	3 * Visa requested	OFFICE USE ONLY
	English	Visitor Visa	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)
Dundua	Mikheil

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

Family name	Given name(s)

3 *Sex	4 * Date of birth	5 Place of birth	
	YYYY MM DD	* City/Town	* Country or Territory
Male	1980 12 04	Abasha	Georgia

6 *Citizenship

Georgia

7 Current country or territory of residence:

Country or Territory	Status	Other	From	To
* Georgia	* Citizen		YYYY-MM-DD	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? ☑ 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
* Turkey	* Foreign National		* 1980-12-04 YYYY-MM-DD	* 2020-05-01 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 2009-05-03 YYYY-MM-DD

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

*Family name	Given name(s)
Ebralidze	Nana

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name	Date of Birth
Dundua, M.	1980-12-04

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?
Georgian	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
10DP02878	GEO (Georgia)	2018-06-14 YYYY-MM-DD	2023-06-14 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
13IN72693	GEO (Georgia)	2015-09-08 YYYY-MM-DD	2025-09-08 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
		43	Tashkent

* City/Town	* Country or Territory	Province/ State	Postal code	District
Tbilisi	Georgia		0160	Saburtalo

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

3 **Telephone no.** ☐ Canada/US ☑ Other				4 **Alternate Telephone no.** ☐ Canada/US ☑ Other			
*Type	*Country Code	*No.	Ext.	*Type	*Country Code	*No.	Ext.
Cellular	995	595 155 427		Cellular	995	577 237 303	

5 **Fax no.** ☐ Canada/US ☐ Other			6 **E-mail address**
Country Code	No.	Ext.	mdundua@moh.gov.ge

Applicant Name	Date of Birth
Dundua, M.	1980-12-04

DETAILS OF VISIT TO CANADA

1 * a) Purpose of my visit	b) Other
Business	

2 Indicate how long you plan to stay ▶	* From	* To	3 * Funds available for my stay (CAD)
	2018-07-22 YYYY-MM-DD	2018-07-28 YYYY-MM-DD	$2,300

4 Name, address and relationship of any person(s) or institution(s) I will visit:

	* Name	
1	Dr. Pernelle Smits PHD. Professor faculty of administration sciences. Department of Management universitf laval	
	Relationship to me	* Address in Canada
		Pavillion Patasis Prince2325, Rue de la Terrace, Local0513, Quebec, G1V0A6, Canada T. 418 656-2131 post 5677, Skype:smitspe, pernelle.smits@fsa.ulaval.ca
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.

	From	*Field of study	*School/Facility name	
1	2001 09 *YYYY *MM	Economics, Master	Tbilisi State University, faculty of Economics	
	To	*City/Town	*Country or Territory	Province/State
	2003 07 *YYYY *MM	Tbilisi	Georgia	

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.

	From	* Current Activity/Occupation	* Company/Employer/Facility name	
1	2018 05 *YYYY *MM	Deputy Minister of labor Health and Social Affairs of Georgia, Director	Ministry of labor Health and Social Affairs of Georgia, Social Service Agenc	
	To	* City/Town	* Country or Territory	Province/State
	YYYY MM	Tbilisi	Georgia	
2	From	*Previous Activity/Occupation	*Company/Employer/Facility name	
	2017 04 *YYYY *MM	Executive Director	Tbilisi State University, Center of Analysis and Forecast	
	To	*City/Town	*Country or Territory	Province/State
	2018 05 *YYYY *MM	Tbilisi	Georgia	
3	From	*Previous Activity/Occupation	*Company/Employer/Facility name	
	2010 03 *YYYY *MM	Director	Ltd. georgian business consulting	
	To	*City/Town	*Country or Territory	Province/State
	2018 05 *YYYY *MM	Tbilisi	Georgia	

Applicant Name	Date of Birth
Dundua, M.	1980-12-04

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, 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
Dundua, M.	1980-12-04

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 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.

2018-06-29

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

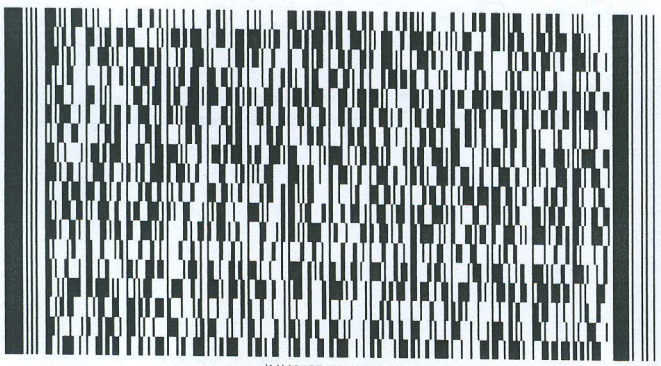
Information provided to IRCC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), 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), the 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 or validated with 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.

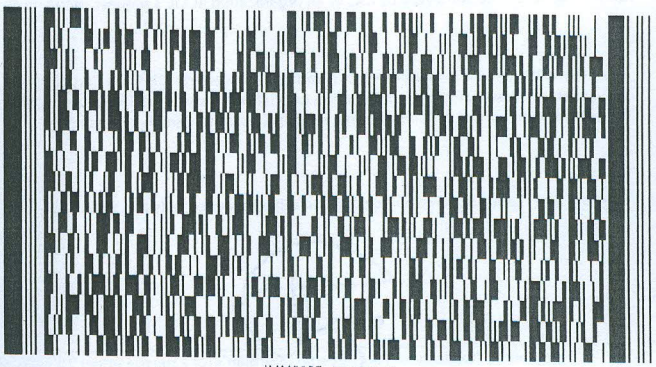
Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB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

Applicant Name	Date of Birth
Dundua, M.	1980-12-04

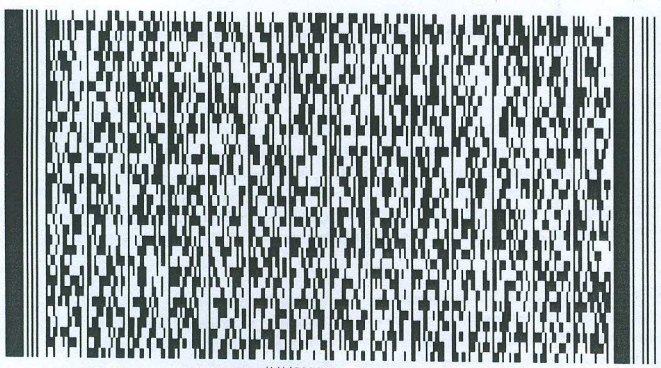
APPLICATION FOR VISITOR VISA (TEMPORARY RESIDENT VISA)



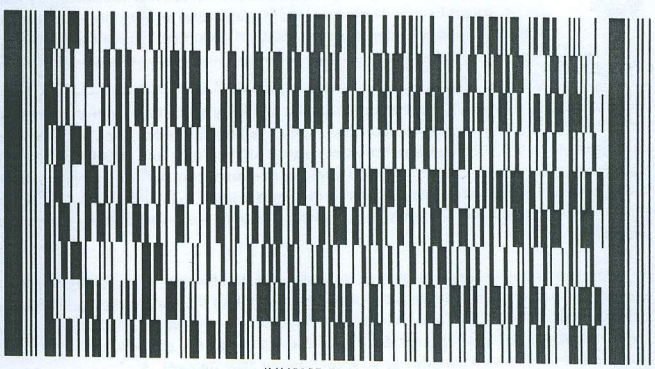
IMM5257_06-2018_1



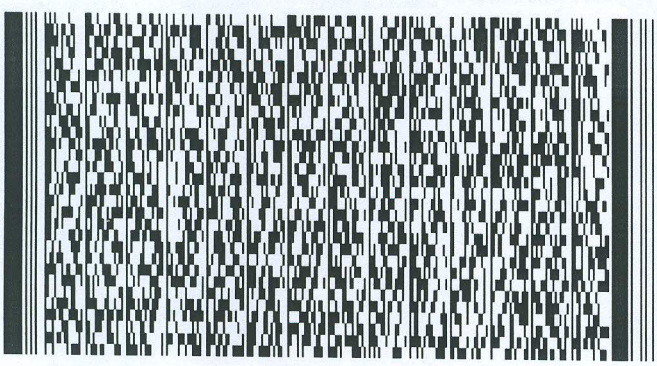
IMM5257_06-2018_2



IMM5257_06-2018_3



IMM5257_06-2018_4



IMM5257_06-2018_5