



APPLICATION TO CHANGE CONDITIONS, EXTEND MY STAY OR REMAIN IN CANADA AS A VISITOR OR TEMPORARY RESIDENT PERMIT HOLDER

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

現在のビザに記載されている
8桁の「Client ID」(無ければ空欄)

1 UCI 12345678	2 * I want service in 連絡用言語 (英語 or フランス語) English	OFFICE USE ONLY Validated Yes
3 I am applying for one or more of the following: <input checked="" type="checkbox"/> * 「観光」として延長する場合はこちらを選択 * Extend my status as a visitor <input type="checkbox"/> * Restore my status as a visitor <input type="checkbox"/> * Get a new temporary resident permit (for inadmissible applicants only)		

PERSONAL DETAILS

1 Full name 名前 (姓) * Family name (as shown on your passport or travel document) Tanaka ニックネームや旧姓などの別名を使ったことがあれば「Yes」、無ければ「No」にチェックし名前を下に記入	名前 (名) Given name(s) (as shown on your passport or travel document) Makiko
2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? <input checked="" type="checkbox"/> * No <input type="checkbox"/> * Yes b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.) Family name: _____ Given name(s): _____	

*3 Sex 性別 F Female	4 Date of birth 生年月日 1990 10 11 * YYYY * MM * DD	5 Place of birth 出生地 (市町村) * City/Town Tokyo	出生国 * Country or Territory Japan
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6 * Citizenship 国籍
Japan

7 Current country or territory of residence: 現在の居住国

Country or Territory	Status	Other	From	To
Canada 国名	Worker 滞在状況		2019-02-20 期間 YYYY-MM-DD	2020-02-20 YYYY-MM-DD

8 過去5年以内に「自分の国籍の国」or 「現在滞在中の国」以外の国に6ヶ月を超えて住んだことがありますか? (No) (No) (Yes) (Yes) * No * Yes

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

9 * a) Your current marital status 婚姻状況 Single
 (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: _____ Given name(s): _____

上記(9)で結婚かコモンローを選択した場合、その相手はカナダの国籍 or 永住権を持っていますか?
 d) If you are married or in a common-law relationship, is your spouse or common-law partner a Canadian citizen or permanent resident? No Yes

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name Tanaka, M.	Date of Birth 1990-10-11
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PERSONAL DETAILS (CONTINUED) 過去に結婚 or コモンローの関係だったことはありますか？

10 a) Have you previously been married or in a common-law relationship? * No * Yes Yes を選択した場合は下に「名前」「関係」「期間」相手の「生年月日」を記入

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

Family name	Given name(s)

c) Type of relationship

d) From To e) Date of Birth

YYYY-MM-DD YYYY-MM-DD YYYY MM DD

LANGUAGE(S)

1 *a) Native language/Mother Tongue 母国語 Japanese

*b) Are you able to communicate in English and/or French? English 英語 or フランス語でのコミュニケーションは可能ですか？

c) In which language are you most at ease? 左で「Both (両方)」を選択した場合は英語/フランス語を選択

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

PASSPORT 移民局指定の英語/フランス語の能力測定試験を受験したことがありますか？ (IELTS/CELPPI など)

1 * Passport number パスポート番号 TF1234567

2 * Country or territory of issue パスポートの発行国 JPN (Japan)

3 * Issue date 発行日 2015-10-11

4 * Expiry date 有効期限 2025-10-11

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 国籍を証明する書類はありますか？ (日本は該当する書類はないのでNoを選択)

2 Document number

3 Country or territory of issue

4 Issue date

5 Expiry date

YYYY-MM-DD YYYY-MM-DD

US PR CARD アメリカの永住権を持っていますか？

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 現住所**

P.O. box Post Office Box (無ければ空欄) 808

Apt/Unit 部屋番号 808

Street no. 333

* Street name Seymour Street

* City/Town 市名 Vancouver

* Country or Territory 国名 Canada

* Province 州名 BC

* Postal code 郵便番号 V6B 5A6

2 **Residential address 居住所** Same as mailing address? * No * Yes 現住所が上記 (郵送先) と同じ場合は Yes をチェック No の場合のみ、下記にその住所を記入

Apt/Unit

Street no.

Street name

City/Town 電話番号

Country or Territory

Province

Postal code

3 **Telephone no.** *Canada/US Other

*Type 国番号 (カナダは 1) 電話番号

Cellular 1 (604) 568 - 8282

4 **Alternate Telephone no.** Canada/US Other

Type 携帯などその他の電話がある場合はこちらに記入

Country Code No. Ext.

5 **Fax no.** Canada/US Other

Country Code No. Ext.

6 **E-mail address メールアドレス** makiko@gotovan.com

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COMING INTO CANADA

1 最初にカナダに来た日 (ビザがある場合はその発行日) Date Date and place of your original entry to Canada 2019-02-20 YYYY-MM-DD	* Place Vancouver 入国した場所 (市名など)
2 * a) The original purpose for coming to Canada Study 最初にカナダに来た目的 ワーホリなら "Work/Study" など	b) Other 左で Other を選択した場合の詳細
3 上 (1) で記入した日以降にカナダに再入国した一番最近の渡航の「日付」と「場所」 Date and place of your most recent entry to Canada (if not the same as original entry) 2020-01-02 YYYY-MM-DD	* Place White Rock
4 If applicable, provide the document number of the most recent Visitor Record, Study Permit, Work Permit or Temporary Resident Permit issued to you.	Document Number U123456789 現在のビザの右上に記載された ローマ字 1 文字と数字の番号

DETAILS OF VISIT TO CANADA

1 * a) Purpose of my visit Tourism ※通常は Tourism を選択 延長の目的	b) Other	
2 Indicate how long you plan to stay 滞在を延長したい期間▶	* From 2020-02-21 YYYY-MM-DD	* To 2020-08-21 YYYY-MM-DD
3 * a) Funds available for my stay (CAD) \$8,000 数字のみ記入「\$」「.」「.」などは自動挿入 残高証明の金額	* b) My expenses in Canada will be paid by: Myself 資金元	c) Other
4 Name, address and relationship of any person(s) or institution(s) I will visit: カナダ滞在中に訪問、または携わる人、または機関 (友達でも可)		
* Name 名前 Shinzo Abe		
1 Relationship to me Roommate 関係	* Address in Canada 808 - 333 Seymour Street Vancouver 住所	
2 Name 2人以上の場合は下記に記入		
Relationship to me		Address in Canada

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)?
専門学校、大学などの学歴 (あれば Yes なければ No をチェック)
If you answered "yes", give full details of your highest level of post secondary education.

* No * Yes

1	From 2007 *YYYY	期間 04 *MM	*Field and level of study Computer Science 専攻分野	*School/Facility name Tokyo Computer College 学校名
	To 2009 *YYYY	03 *MM	*City/Town Tokyo 市町村	*Country or Territory Japan 国名 Province/State

EMPLOYMENT 過去 10 年の職歴 (最近のものが一番上になるように記入)

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)

1	From 2020 *YYYY	01 *MM	*Current Activity/Occupation Not working 職種 (無職の場合は "Not working" など)	*Company/Employer/Facility name N/A 会社名 (無職の場合は "N/A" など)
	To YYYY	MM	*City/Town Vancouver 市町村	*Country or Territory Canada 国名 *Province/State BC 州名
2	From 2019 *YYYY	03 *MM	*Previous Activity/Occupation Sales and cashier	*Company/Employer/Facility name ABC Bread & Cafe
	To 2019 *YYYY	12 *MM	*City/Town Vancouver	*Country or Territory Canada *Province/State BC

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EMPLOYMENT (CONTINUED)

3	From	2010 04 *YYYY *MM	Previous Activity/Occupation Network Security Engineer	Company/Employer/Facility name Microsoft Corporation
	To	2019 01 *YYYY *MM	*City/Town Tokyo	*Country or Territory Japan
			Province/State	

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

1	<p>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</p> <p>過去2年以内に肺結核を患ったり、肺結核を患っている人（家族含む）と携わったことがありますか？ <input checked="" type="checkbox"/> *No <input type="checkbox"/> *Yes</p> <p>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</p> <p>カナダ滞在中に医療サポートを必要としますか？ <input checked="" type="checkbox"/> *No <input type="checkbox"/> *Yes</p> <p>c) If you answered "yes" to question 1a) or 1b), please provide details. 上記のいずれかの質問に "Yes" と答えた場合は下記に詳細を記載(全て "No" なら空白)</p>
2	<p>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</p> <p>カナダでビザの有効期限を超えて学校に通ったり、不法労働をしたことがありますか？ <input checked="" type="checkbox"/> *No <input type="checkbox"/> *Yes</p> <p>b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory? <input checked="" type="checkbox"/> *No <input type="checkbox"/> *Yes</p> <p>種類を問わず、カナダの入国を拒否されたり、強制送還された事がありますか？ <input checked="" type="checkbox"/> *No <input type="checkbox"/> *Yes</p> <p>c) Have you previously applied to enter or remain in Canada? <input type="checkbox"/> *No <input checked="" type="checkbox"/> *Yes</p> <p>カナダへの入国、またはカナダに残るための申請をしたことがありますか？ <input type="checkbox"/> *No <input checked="" type="checkbox"/> *Yes</p> <p>*d) If you answered "yes" to question 2a), 2b) or 2c), please provide details. (Example 1) I have applied for a working holiday permit in September 2019. (Example 2) I have applied to extend my stay as a student from within Canada in September 2016. 上記のいずれかの質問に "Yes" と答えた場合は詳細を記載</p>
3	<p>a) Have you ever committed, been arrested for or been charged with or convicted of any criminal offence in any country or territory? <input checked="" type="checkbox"/> *No <input type="checkbox"/> *Yes</p> <p>どこかの国で犯罪を犯したり、逮捕されたり、犯罪で告発されたことはありますか？ <input checked="" type="checkbox"/> *No <input type="checkbox"/> *Yes</p> <p>b) If you answered "yes" to question 3a), please provide details. 上記の質問に "Yes" と答えた場合は下記に詳細を記載(全て "No" なら空白)</p>
4	<p>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</p> <p>過去に軍隊、自衛隊、警察などでの勤務経験はありますか？ <input checked="" type="checkbox"/> *No <input type="checkbox"/> *Yes</p> <p>b) If you answered "yes" to question 4a), please provide dates of service and countries or territories where you served. 上記の質問に "Yes" と答えた場合は下記に詳細を記載(全て "No" なら空白)</p>

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BACKGROUND INFORMATION (CONTINUED)

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? 過去に安全・社会保障関連の分野で政府に雇用されたことがありますか？	<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? これまでに政府または司法、政党において責任のある立場に居たことはありますか？	<input checked="" type="checkbox"/> *No	<input type="checkbox"/> *Yes

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.

Makiko Tanaka 名前だけ入力

本申請書を記入した日を選択

Date: YYYY-MM-DD

2020-02-05

**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 [Info source website](#) and through the IRCC Call Centre. Info Source is also available at public libraries across Canada.

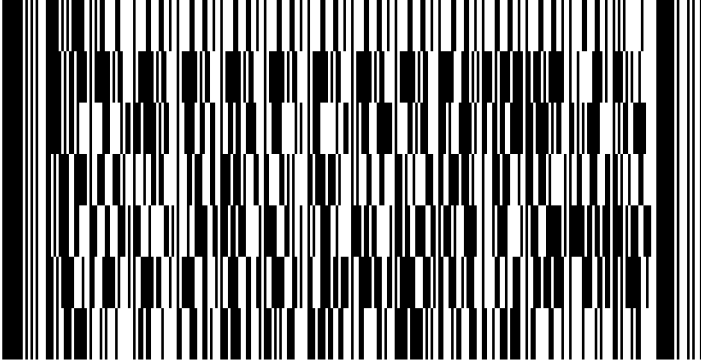
Validate

入力が終わったら【Validate】ボタンをクリック。
入力漏れや間違いがある場合はエラーとなり自動で該当箇所に移動します。
記入漏れの入力/修正が完了したら再度【Validate】ボタンをクリック。
全ての入力が完了するとバーコードが表示されますので、現在の日付を入力してファイルを保存します。

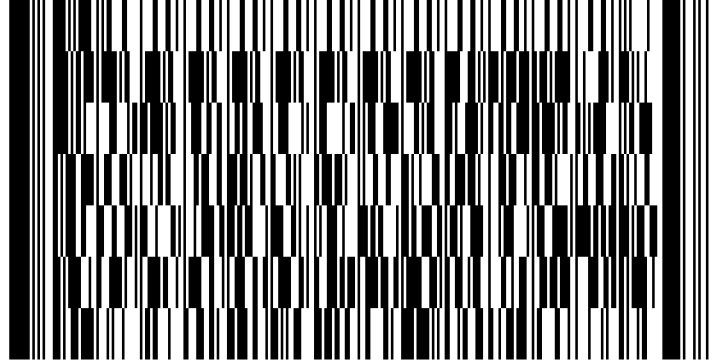
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1990-10-11

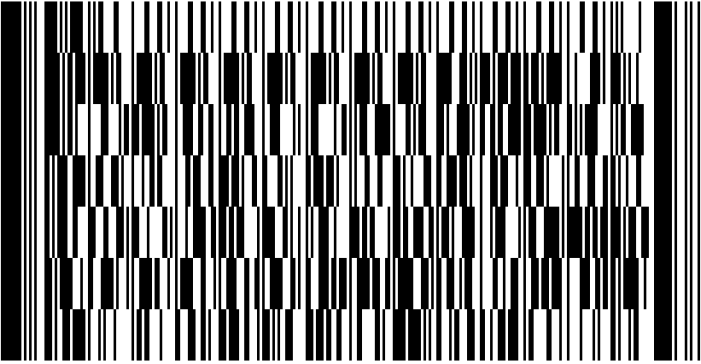
**APPLICATION TO CHANGE CONDITIONS, EXTEND MY STAY
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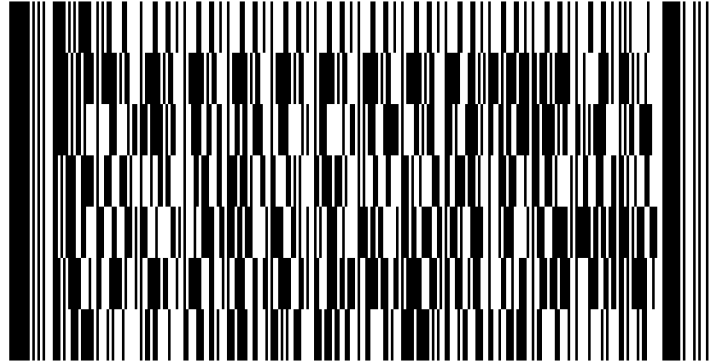
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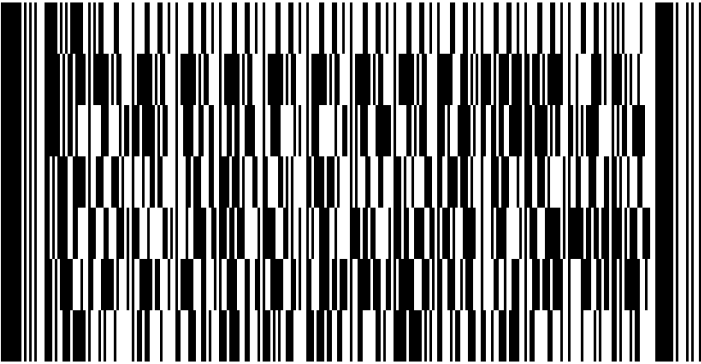
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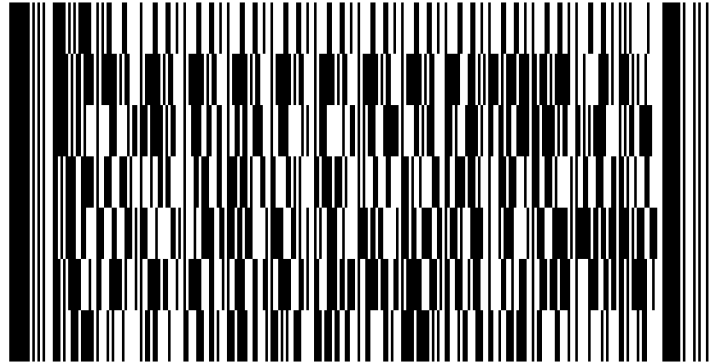
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