DOCUMENT CHECKLIST

Immigroup -1180 Danforth Ave. Toronto, ON. M4J 1M3 P: 1-866-760-2623 F: 416-640-2623 E: info@immigroup.com

AUTHORIZATION TO RETURN TO CANDA

SERVICE ORDER FORM

INSTRUCTIONS

1) Please complete the authorization to return to Canada form and the use of a **AUTHORIZATION TO RETURN TO CANADA** representative (IMM 5476) form FORM & USE OF A REPRESENTATIVE FORM 2) Make copies of the ID pages of your passport and the proof of your departure TWO PASSPORT PHOTOS from Canada (Certificate of Departure, Removal Order) COPIES OF THE ID PAGES OF YOUR PASSPORT, 3) Include the originals of your criminal clearance (pardon, police certificate, AND PROOF OF DEPARTURE FROM CANADA certificate of no record) for every country where you have lived for more than 6 (Certificate of Departure, Removal Order) months, plus two passport-sized photos. If you were convicted of a crime in **EVIDENCE OF CRIMINAL CLEARANCE** Canada before the removal order, you must have a pardon to apply for an ARC. (PARDON, POLICE CERTIFICATES) For American citizens only: provide state certificates for every state you have lived in for more than 6 months, and an FBI certificate. PROOF OF FUNDS AND LETTER OF **EXPLANATION** 4) Include proof of funds and a letter explaining why you should be allowed re-entry. We can draft this letter at additional cost. THIS ORDER FORM & ATTACHED CHECKLIST 5) Complete this order form in full, ensuring you all necessary documentation as indicated by the checklist to the right. APPLICATIONS MISSING THIS ORDER FORM 6) Please **mail or drop off** your application to our head office located at: 1180 Danforth Ave, Toronto, ON M4J 1M3 WILL NOT BE PROCESSED Applications sent via regular mail will be precessed less quickly. **SERVICE FEES & OPTIONS REVIEW & SUBMISSION REVIEW ONLY PROCESSING TIME** -Includes submission of ARC and -Includes reviewing application 1-12 weeks. Wait times vary from office to office and are wholly drafting of your letter of only. You must apply in person. determined by the Canadian government. explanation AFTER SUBMITTING YOUR APPLICATION 5750+HST (CAD) 5500+HST (CAD) Once we receive your application by email, fax, mail or in person you will be contacted by a member of our team to **COMPLETE SERVICE*** determine any further steps you need to take. -Includes obtaining pardon, If you are unsure as to what documentation is required to drafting your letter and waive your inadmissibility, our agents will discuss this submitting ARC. **GOVERNMENT FEE: \$400** with you when we contact you. \$1000+HST (CAD) *Complete service only available for DISCLAIMER those convicted in Canada By signing below the <u>applicant</u> agrees to the following items: CREDIT CARD INFORMATION -I have read and accept the terms and conditions as listed at the following link http://www.immigroup.com/Disclaimer.php By signing below I agree that I will be charged the appropriate fee for the initial -Immigroup is not responsible for applications lost in the mail or for failures in application. I agree that this fee will be deducted upon receipt of order from the fax or email credit card I have provided. -Immigroup is not responsible for applications that are denied. All fees are non-Cardholder Name refundable once applications are submitted to the government. Cancellation Card Number fees will apply if you withdraw your application before submission to the government. No refunds will be given to clients who neglect to submit the proper documentation in a timely manner. **Expiration Date** Security Code * -I assert that I understand I am using Immigroup to apply for my ARC. **SIGN HERE:** *For Visa & MasterCard, the last 3 digits on the back of your card. *For Amex, the last 4 digits on the front of your card. Cardholder Signature: THE APPLICANT MUST SIGN ABOVE Your Email:

Gouvernement du Canada

Application for an Authorization to Return to Canada Demande de permis de retour au Canada

Section 1				Client ID- Numéro Client File# - Référence #			
Family Name- nom de famille				First Name - Prénom			
Second Name(s)- Autre prénom				Other Name(s)- Autres noms			
Date of Birth- Date de naissance Place of Birth:				Citizenship- Citoyenneté			
DD / MM / YYYY Passport #- # de passeport Expiry date-Date d'expiration				Country of issue- Pays de délivrande			
Sex: Male/Homme Female/ Femme				Marital status - É tat matrimonial			
Present occupation – Profession actuelle				Name and address of employer- Nom et adresse de l'employeur			
Current mailing address- Adresse actuelle			Permanent address- Adresse Permanente				
Telephone number - # de Téléphone			Email - Courriel				
Immigration status in your actual country of residence - Statut d' immigration dans votre pays de résidence actuelle Citizen Permanent Resident Visitor Citoyen(ne) Résident Permanent Visiteur Valid until: DD / MM / YYYY			□Worker □Student Traveilleur Étudiant(e)				
I received – j'ai recu:							
Exclusion order -	Measur	e d'exclusio	n		Deportation Or	der- Measure d'expulsion	
Section 2					DE FAIT ET ENFANTS		
Family name Nom de Famille							
First name Prenom							
Relationship Lien de oarente							
Date of birth Date de naissance	D-	J/M/Y-A	D-J/M/Y	-A	D-J/M/Y-A	D-J/M/Y-A	
PlaceofBrith Lieu de naissance							
Citizenship Citoyennete	zenship						
Passport number							
N° de passeport Expiry date D-J/M/Y-A D-J/M/Y-A			-A	D-J/M/Y-A	D-J/M/Y-A		
Date d'exDiration Country of residence Pays de residence	2 3						

plus de six mois, mis a p	part vos pays de naissance	e et de residence actuelle	e?	L	⊒Yes/Qui
If "yes", list countries an				[No/Non
5i la reponse a la questi	on est «oui», indiquer le no Lenath of stav -	om du pays et la duree c - Duree du seiour	lu sejour	Lenath of stay -	- Duree du seiour
Country - Pays	From M Y/A	To M Y/A	Country - Pays	From M Y/A	To M Y//
Section 4		a ta Canada			
Explain your purp	oose for travelling	g to Canada:			
Full address in Ca	anada and name o	of host (if applic	able):		
		` '.'	•		
Intended dates o	ftravel: From: D	D / MM / YY	Y To: DD / MM	/ YYYY	
		= /		,	
C					
	Répondre aux qu	uestions suivant	tes :		
	Répondre aux qu	uestions suivant	tes:		
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Have you ever – Been treated for any	serious physical or m	nental disorders or			
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I declare that I have answered fully and truthfully a	ll required questions in this application.
Je declare que les renseignements fournis dans ce f	ormulaire sont complets, précis et conformes aux fa
Signature of applicant	Date (dd/ mm/ yyyy)

PAGE 1 OF 2 PROTECTED WHEN COMPLETED - B

5476 (07-2011)

USE OF A REPRESENTATIVE

You do not need to hire an immigration representative, it is your choice. No one can guarantee the approval of your application. All the forms and information that you need to apply are available free at www.cic.gc.ca.

A representative is someone who has provided advice or guidance to you prior to submitting your application and/or someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and the Canada Border Services Agency (CBSA). You may have **one** representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

I:	am: appointing a representative. Complete	
		entative. Complete Section A, C and D.
	TION A: APPLICANT INFORMATION	
1.	Your full name	
	Family name (Surname)	
	Given name(s)	
		Day, Marth, Var.
2.	Your date of birth	Day Month Year
3.	If you have already submitted your application:	
	Name of office where the application was submitted	
	Location of office	
	Type of application	
	(permanent residence, extension of study permit, etc.)	
4.	Your Citizenship and Immigration Canada Identification	on number (if known)
	Client Identification (ID) or Unique Client Identifier (UCI) number	
SEC	TION B: APPOINTMENT OF REPRESENTATIVE	
		epresentative and to conduct business on my behalf with Citizenship and Immigration Canada and
	Canada Border Services Agency. I authorize Citizenship and Immigration Canada and	Canada Border Services Agency to release information from my case file and that of my dependent
	 I am aware that any information which would be subj 	This authorization is in accordance with the <i>Privacy Act</i> . ect to exemption, if I had the right of access under the <i>Privacy Act</i> or the <i>Access to Information Act</i> ,
	will likely not be released.	
5.	Your representative's full name	
	Family name (Surname)	
	Given name(s)	
	,,	
6.	Your representative: (choose one)	
	is UNPAID and is a:	
	family member or friend	
	member of a non-governmental or religiou	s organization Canada Regulatory Council (ICCRC), a Canadian provincial or territorial law society, or the <i>Chambre des</i>
	notaires du Québec.	Canada negulatory Council (ICCnC), a Canadian provincial or territorial law society, or the Chambre des
	other	
	is or will be PAID and is a member in good standing	ng of:
	the Immigration Consultants of Canada Re	egulatory Council (ICCRC)
	Membership ID number	
	a Canadian provincial or territorial law soc	ety
	Which province or territory?	
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	Membership ID number	
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7.	Your representative's contact inform	nation			
	Name of firm or organization (if applicable)	i			
	Mailing address				
	-				
	Postal code/ZIP				
	Telephone number Cou	intry code Area co	ode Number		
	Fax number Cou	intry code Area co	ode Number		
	E-mail address (if applicable)		,		
	By indicating your representative's e information to this specific e-mail address		ou are hereby authorizing	Citizenship and Immigration Ca	anada to transmit your file and personal
8.	Your representative's declaration:				
	 I declare that the information in Se I understand and accept that I am Immigration Canada and Canada B 	the person appoi	inted by the applicant to co	nduct business on the applican	nt or sponsor's behalf with Citizenship and
	Signature of representative				
	Date		Day Month Year		
EC	TION C: CANCEL THE APPOINTMEN	NT OF A REPRES	ENTATIVE		
	I withdraw my authorization for this pe Citizenship and Immigration Canada a			e information on my case file a	and to conduct business on my behalf with
9.	Your representative's full name				
	Family name (Surname)				
	Given name(s)				
	Name of firm or organization				
	(if applicable)				
EC.	TION D: YOUR DECLARATION				
10.	I declare that the information I have I understand all the foregoing state			anation for every point that was	not clear to me.
	Signature of applicant				
	Date		Day Month Year		
	Signature of spouse or common-la (if applicable)	w partner			
	Date		Day Month Year		

Warning! It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**

ARC CHECK LIST

You must answer every question. If not applicable, write N/A.

Application for Authorization to Return to Canada;
Processing fees in the amount of \$400 Canadian by bank draft made payable to the Receiver General for Canada. We do not accept personal cheques. Do not send cash through the post. (Please note that applications received without fees will be returned);
Use of a Representative (IMM 5476), if applicable;
Recently issued Police Certificate from all the countries where you have resided for more than 6 months since the age of 17 years. For more information go to: http://www.cic.gc.ca/english/information/security/police-cert/index.asp
Proof that you appeared before an immigration officer at a port of entry to verify your departure from Canada i.e. a Copy of the Certificate of Departure (IMM0056B) and/or a Removal Order;
If you incurred a criminal conviction in Canada, you must apply for a National Pardon in Canada and submit it with your application. You can apply for a pardon by writing to the National Parole Board in Canada at Clemency and Investigations Division, National Parole Board, 410 Laurier Ave. West, Ottawa, ON, K1A OR1, Canada. This application cannot be made at any mission abroad. The following link explains how to obtain this: http://www.npb-cnlc.gc.ca/ ;
Detailed explanation of why you want to return to Canada;
Proof of funds (bank statements, pay slips) and employment letter indicating the type and duration of employment;
Two passport-sized photographs;
A copy of your current passport bio-data page (i.e. the page with the name, photo, place of birth, date of issue, etc.); and
A copy of this checklist.