



Y Language Assessment and Referral Centre: Eligibility Examples

Citizenship Certificates:



Permanent Residence Card:





Confirmation of Permanent Residence:

CONFIRMATION OF PERMANENT RESIDENCE

Government of Canada / Gouvernement du Canada PROTECTED - B

Family name: [REDACTED]
 Given name(s): OLUWA [REDACTED]
 Date of birth: [REDACTED] UCI: [REDACTED]
 Sex: MALE App. no.: [REDACTED]
 Citizenship: NIGERIA Document no.: [REDACTED]

PERSONAL DETAILS - DEP

Marital status: SINGLE Place of birth: GBR COB: ENGLAND
 Height (cm): 170 CM Eye color: BLACK COE: NIGERIA
 Last entry at: [REDACTED] Last entry date: [REDACTED] Orig. entry date: [REDACTED]
 Became P.R. at: [REDACTED] Became P.R. on: [REDACTED] Underlying prevs: [REDACTED]
 Travel doc. no.: [REDACTED] Expiry date: [REDACTED]
 Country of issue: NIGERIA

APPLICATION DETAILS

Issued at: LONDON Issued date: [REDACTED] Valid to: [REDACTED]
 Category: [REDACTED] Prov. of dest.: ONT City of dest.: [REDACTED]
 Special program: [REDACTED] Trans. loan no.: [REDACTED] Flight no.: [REDACTED]
 CRG no.: [REDACTED] RSDC no.: [REDACTED] PNC: [REDACTED]

Conditions:

33. NONE
 Have you committed an offence or offence in any country, refused admission to Canada or required to leave Canada?
 YES [REDACTED] NO [REDACTED]

MEDICAL DETAILS

WE no.: [REDACTED] Surveillance code: 1 Valid to: [REDACTED]

SPONSOR INFORMATION

UCI: NA Name: NA
 COB: NA Relationship: NA
 Address: NA

DEPENDANT(S) INFORMATION

Have you any dependants other than those listed below?
 UCI: 1 [REDACTED]

REMARKS

Immigration Officer: [REDACTED] Date (YYYYMMDD): [REDACTED]

I hereby certify that the above statements are true and correct and that I fully understand the conditions imposed. [REDACTED]

COUGMAN [REDACTED] Date (YYYYMMDD): [REDACTED]
 GOUNDEWALDE CHRISTIAN

9863(98) (12/04/07) EN CLIENT COPY Canada

Notice of Decision Letter:

Immigration and Refugee Board of Canada / Commission de l'immigration et du statut de réfugié du Canada
 Refugee Protection Division / Section de la protection des réfugiés

RPD File No.: [REDACTED]

NOTICE OF DECISION
 [Immigration and Refugee Protection Act, ss.107(1)]
 [Refugee Protection Division Rules, Rule 61]

Member

In the claim for refugee protection of:

DOB: [REDACTED] ID: [REDACTED]

The Refugee Protection Division determines that the claimant
IS A CONVENTION REFUGEE AND THEREFORE THE REFUGEE PROTECTION DIVISION ACCEPTS THE CLAIM.

September 22, 2010 [REDACTED]
 Registrar

[REDACTED]

RPD 15.2 (April 2002)
 Disponible en français

Canada



Refugee Protection Claimant Document:

Citizenship and Immigration Canada / Citoyenneté et Immigration Canada
 PROTECTED WHEN COMPLETED / PROTÉGÉ UNE FOIS REMPLI

CANADA

DD000 000 000
D300001535

REFUGEE PROTECTION CLAIMANT DOCUMENT
THIS IS TO CERTIFY THAT THE PERSON HEREIN IS A REFUGEE PROTECTION CLAIMANT WITHIN THE MEANING OF THE IMMIGRATION AND REFUGEE PROTECTION ACT

Application No: L01000935
UCI: 87552275

CLIENT INFORMATION

Family Name: DOCUMENTEXAMPLE
 Given Name(s): SAMPLE
 Date of Birth: 1991/01/01
 Sex: FEMALE
 Country of Birth: ALBANIA
 Country of Citizenship: ANDORRA
 Date Issued: 2013/11/07
 Expiry Date: 2018/11/07

ADDITIONAL INFORMATION

Pursuant to subsection 100(5) of the Immigration and Refugee Protection Act, the claim for refugee protection has been deemed to be referred to the Refugee Protection Division of the Immigration and Refugee Board.

As of 2015/11/07, the claimant is deemed eligible for coverage of health care costs under the Interim Federal Health Program (IFHP). This coverage can cease or be modified without notice if the individual's immigration status changes. Therefore, health-care providers must verify the legitimacy of the individual with the IFHP administrator before providing services.

I, the undersigned:

- declare that I require coverage under the IFHP. I will notify CIC immediately of any changes to my immigration status or if I become eligible for or receive other health insurance;
- understand that it is my responsibility to renew this coverage before 2013/03/30 and annually thereafter, as required;
- understand that my medical and personal information will be shared with CIC, IFHP claims administration and other appropriate third parties for the administration of the IFHP and that personal information may be shared with other government institutions and other third parties in accordance with the Privacy Act and the Department of Citizenship and Immigration Act.

School age children do not need student authorization to attend primary or secondary schools.

Name, relationship and signature of accompanying adult (if applicable)

Signature of person concerned Money in possession Minister

NOT VALID FOR TRAVEL

THIS FORM HAS BEEN ESTABLISHED BY THE MINISTER OF CITIZENSHIP AND IMMIGRATION - THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA
 FORMULAIRE ÉTABLI PAR LE MINISTRE DE LA CITOYENNETÉ ET DE L'IMMIGRATION - CE DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA

Case Type 20 Work Permit:

Immigration, Refugees and Citizenship Canada / Immigration, Réfugiés et Citoyenneté Canada
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CANADA

UKRAINE

Application/Demande: [REDACTED]
UCI/UC: [REDACTED]

WORK PERMIT/PERMIS DE TRAVAIL

CLIENT INFORMATION/INFORMATION DU CLIENT

Family Name/Nom de Famille: [REDACTED]
 Given Name(s)/Prénom(s): [REDACTED]
 Date of Birth/Date de naissance: [REDACTED]
 Sex/Sexe: FEMALE
 Country of Birth/Pays de naissance: UKRAINE
 Country of Citizenship/Citoyen de: UKRAINE
 Travel Doc No./N° du document de voyage: PASSPORT

ADDITIONAL INFORMATION/INFORMATION SUPPLÉMENTAIRE

Date Issued/Délivré le: 2022/04/28
 Expiry Date/Date d'expiration: 2025/04/27
 Case Type/Genre de cas: 20
 LMA or Exempt No./N° de l'EMT ou Dispense:
 Employer/Employeur: OPEN
 Employment Location/Emplacement de l'emploi: UNKNOWN
 Occupation/Profession: OPEN
 In Force From/En Vigueur le: 2022/04/28

Conditions:

- NOT AUTHORIZED TO WORK IN CHILDCARE, PRIMARY/SECONDARY SCHOOL TEACHING, HEALTH SERVICE FIELD OCCUPATIONS
- NOT VALID FOR EMPLOYMENT IN BUSINESSES RELATED TO THE SEX TRADE SUCH AS STRIP CLUBS, MASSAGE PARLOURS OR ESCORT SERVICES
- MUST REPORT FOR A MEDICAL DIAGNOSTIC TEST TO IDENTIFY CONDITIONS OF PUBLIC HEALTH CONCERN WITHIN 90 DAYS.

Remarks/Observations:
CLIENT

THIS DOES NOT AUTHORIZE RE-ENTRY/CECI N'AUTORISE PAS LA RE-ENTRÉE

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CUAET Work Permit:

Immigration, Refugees and Citizenship Canada / Immigration, Réfugiés et Citoyenneté Canada

PROTECTED WHEN COMPLETED / PROTÉGÉ UNE FOIS REMPLI - 8

CANADA

UKRAINE

Application/Demande: [REDACTED]
UCI/UC: [REDACTED]

WORK PERMIT/PERMIS DE TRAVAIL

CLIENT INFORMATION/INFORMATION DU CLIENT

Family Name/Nom de famille: [REDACTED]
Given Name(s)/Prénom(s): [REDACTED]
Date of Birth/Date de naissance: [REDACTED]
Sex/Sexe: FEMALE
Country of Birth/Pays de naissance: UKRAINE
Country of Citizenship/Citoyen de: UKRAINE
Travel Doc No./N° du document de voyage: [REDACTED] PASSPORT

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Employment Location/Emplacement de l'emploi: UNKNOWN
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In Force From/En vigueur le: 2022/04/28

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FORMULAIRE ÉTABLI PAR LE MINISTRE DE L'IMMIGRATION, RÉFUGIÉS ET CITOYENNETÉ CANADA. LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA.

1606/7... (1/2019)

Canada

Nominee Certificate:



Ministry of Labour, Training and Skills Development
Ontario Immigrant Nominee Program

CONFIRMATION OF NOMINATION

May 12, 2020

MAPLE ON
Canada

Nominee Name	Prov./Terr. Stream In-Demand Skills Pilot Stream
Date of Birth August 29, 1991	Prov./Terr. Reference # (if applicable) N/A
Nomination Certificate	Employer (if applicable) Inc.
Date Application Received by Prov./Terr. January 06, 2020	Name of Occupation and NOC Truck Driver 7511
Date Nomination Issued May 12, 2020	Restrictions on Employment Yes, restricted to the Ontario employer -
Date Nomination will Expire November 08, 2020	Original Nomination or Extension Original

This letter confirms that you have been nominated for the Ontario Immigrant Nominee Program. You must apply to Immigration, Refugees and Citizenship Canada (IRCC) using a paper application form. **Please note this nomination is not valid for Express Entry.**

Visit IRCC's website (www.cic.gc.ca) for instructions and forms for applying for permanent residence. IRCC must receive your complete application before the nomination certificate expiry date of **November 08, 2020**.

Send a copy of this letter along with your complete application for permanent residence to the Centralized Intake Office at one of the addresses below:

Regular mail:
Immigration, Refugees and Citizenship Canada
Provincial Nominee Program
Centralized Intake Office
P.O. BOX 1450
Sydney, NS B1P 6K5
Canada

Courier address:
Immigration, Refugees and Citizenship Canada
Provincial Nominee Program
Centralized Intake Office
49 Dorchester Street
Sydney, NS B1P 5Z2
Canada