Immigroup Inc. 1180 Danforth Ave, Toronto ON M4J 1M3 Phone: 1-866-760-2623 Fax: 416-640-2650 Email: info@immigroup.com

## REFUGEE TRAVEL DOCUMENT OR CERTIFICATE OF IDENTITY

#### IMMIGROUP ORDER FORM

## **INSTRUCTIONS**

Read all instructions and follow carefully

- 1. Please complete the order form and application forms included herein. Make sure to include your telephone number and email address where you can be contacted.
- 2. Fax or scan and email all forms and documents in the document checklist to our office for review at 416-640-2650 or <a href="mailto:info@immigroup.com">info@immigroup.com</a>.
- 3. You will be contacted within 1 2 business days regarding your application. If you have not been contacted after 2 business days, please contact our office at 1-866-760-2623 to confirm we have received your order.
- 4. After we have reviewed your forms and documents, we will advise you to send the original forms and copies of documents to our office at:

1180 Danforth Avenue, Toronto, ON M4J 1M3

5. Once approved, you will receive your travel document or certificate of identity directly from Passport Canada.

Please note that additional documentation may be requested on an as-needed basis. English or French translations of documents not in English or French must also be provided.

APPLICATIONS MISSING THIS ORDER FORM WILL NOT BE PROCESSED

REGULAR SERVICE

\$282.50

**Card Number** 

**Expiry Date** 

Cardholder Signature

## DOCUMENT CHECKLIST

#### IMMIGROUP ORDER FORM

TRAVEL DOCUMENT APPLICATION FORM

(duly completed and signed by applicant and guarantor)

#### PROOF OF IMMIGRATION STATUS IN CANADA

(PR Card, Protected Person Status Document, TRP. You must be in possession of the original document. An IMM 1000 is not acceptable proof of immigration status)

## 2 DOCUMENTS SHOWING PROOF OF IDENTITY. ORIGINALS OR COPIES CERTIFIED BY A GUARANTOR

(Driver's License, Provincial / Territorial Photo ID, Health Card (except Alberta, Manitoba), Certifcat de Selection, OAS Card, government employee ID)

**2 PASSPORT PHOTOS** (one must be signed by guarantor)

## IF APPLICABLE: ANY PREVIOUS TRAVEL DOCUMENT OR PASSPORTPROOF

ADDITIONAL INFORMATION

\*There will be two charges showing on your

OF URGENCY ISSUED (for urgent filing).

Immigroup Inc is not responsible for documents or passports lost by courier

All fees are non-refundable once applications are submitted to the government.

\*I agree to being charged the total fees corresponding with my required service

Immigroup Inc is not responsible for applications that are rejected.

\*I assert that I am using Immigroup to apply for my Travel Document \*I understand that cancellation of this service after my order is received by

Immigroup Inc. will bear a minimum cancellation fee of \$42.50

Please note that there is no formal procedure for expediting this application and faster service is not guaranteed. Expediting of an application on humanitarian grounds is at the discretion of Passport Canada.

IF your name has changed since birth, you must also include a copy of your **MARRIAGE CERTIFICATE OR LEGAL NAME CHANGE**.

## SERVICE OPTIONS URGENT PROCESSING

\$390.50

**CVV** 

Including: \$250 Immigroup Service Fee \$32.50 HST  Processing Time: approximately 20 calendar days Note: Timeline is entirely determined by government	Including \$350 Immigroup Service Fee \$45.50 HST  Proof of urgency required. Immigroup cannot guar urgent processing.	credit card. The first one is the Immigroup fee. The second charge you will see is the government fee of \$120 for a travel document or \$260 for a certificate of identity, as determined by Passport Canada.				
Name						
Address						
Primary Phone	Other Phone					
E-mail (please write legibly)						
CREDIT CARD INFORMAT	<u> </u>	DISCLAIMER				
Cardholder Name		*By signing below I assert that I have read and agreed to the terms and conditions as listed on http://www.immigroup.com/disclaimer.php and agree to the following				

conditions:

companies or any government office.

SIGN HERE:

Immigroup Inc. 1180 Danforth Ave, Toronto. ON. M4J 1M3 Phone: 1-866-760-2623 Fax: 416-640-2650 Email: info@immigroup.com



# Adult Travel Document Application for stateless and protected persons in Canada (16 years of age or over)

Warning—Any false or misleading statement with respect to this application and any supporting document, including the concealment of any material fact, may result in the refusal to issue a Canadian travel document, the revocation of a valid Canadian travel document, or the refusal of travel document services, and may be grounds for criminal prosecution. Your application will not be processed if you fail to complete all of the required sections of this form and/or refuse to consent to the exchange or disclosure of any personal information required for the delivery of travel document services.

Type or print in CAPITAL LETTERS using black or dark blue ink

.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	p	into domig bio	ion or durn i	3140 HH				
(1) Personal Information (see Instructions, section G)								
Surname (last name)								
Given name(s)								
Surname (last name) at birth		Former sur	name (last	name)				
If travel document requested in spousal surname (last name), enter	Year of marriage	Surname (	ast name)	of spouse				
Date of birth Year Month Day City		Country						
Sex Female Marital status Male	Eye colour	Current h	air colour	Height (c	m/in)	Weight (kg/lbs)		
Current home address	,			•	<u>.</u>			
Number Street	Apartment City				Province/Territo	ory Postal code		
Mailing address (if different from above)								
Number Street	Apartment City				Province/Territo			
Telephone (daytime)	lephone (other)		Cell num	ber or ema	il address (d	optional)		
Declaration—I understand that if I am issued a Canadian travel document and later obtain a passport issued by my country of citizenship, I am obliged to return the Canadian travel document to Passport Canada Program—Citizenship and Immigration Canada. I solemnly declare that the photos enclosed are unaltered and a true likeness of me, that all of the statements made and the information provided in this application, as well as any supporting documents, are true. I declare that I have read and understood the Warning at the top of this page and the Privacy Notice Statement (see section O). I consent to the collection, use and disclosure of my personal information by Passport Canada Program—Citizenship and Immigration Canada, other federal government institutions, Government of Canada offices abroad and third party entities as outlined in the Privacy Notice Statement in the Instructions.								
		Yea	r Mon	th Day	City	Province/Territory		
2 Declaration Note: Section to be completed by the	on of Guarantor (s	see Instru	ctions, s	ection H	)	this application form		
Surname (last name)	e guaranioi only il the app	Given nam		igned all <b>Ioui</b>	(4) pages of	шіз арріїсацон ютт.		
Occupation		Name of firm/organization						
Telephone (daytime)	Telephone (other)	Cell number (optional)						
Business address								
Number Street	City			Province/Ter	ritory/State	Postal/ZIP code		
Declaration—I solemnly declare that I have known the personally for at least six (6) months. I have signed the certify that the image is a true likeness of the applicant: a copy of each document to support the applicant's iden seen the original(s). I declare that I have read and unde top of this page and the Privacy Notice Statement (see	back of one (1) photo to If applicable, I have signed tity to confirm that I have rstood the Warning at the section O). I consent to the	I have known the applicant for	Signature o	f guarantor				
collection, use and disclosure of my personal informatio Program—Citizenship and Immigration Canada, other for institutions, Government of Canada offices abroad and loutlined in the Privacy Notice Statement in the Instruction	n by Passport Canada ederal government third party entities as	Number of months	Date Year	Month Day	Signed at	Province/Territory/State		
				-				



**Canadä** 

Proof of Immigration Status in Canada (see Instructions, section I)								
To establish your immigration	on status in Canada	, provide <b>on</b>	e (1) of the foll	owing v	alid docume	nts (original on	ly):	
O Permanent residen	t card	○ Prot	ected person s	status	document	O Verif	fication of stat	tus
Notice of decision		○ Tem	nporary reside	nt perm	nit			
Document number		С	ate of issue			of expiry (if app		
			Year Mo	onth	Day Ye	ar Month	Day	
	revious Canad			•		•	•	
In the last <b>five (5)</b> years,	has a Canadian c		identity or Car		refugee trav	vel document b	peen issued to	o you?
○No ○Yes (spec	ify)	ei	Yea		lonth Day			
If yes, include the trave								
Note: If a valid Canadiar Declaration, available on								
valid. There is an admin								
	tizenship and							
<b>Note:</b> If insufficient space What is your original citizen		ditional inic	ormation, or at	iach a	separate sig	ned and dated	a sneet.	
	·							
Did you acquire any other c	itizenship?	○ No	○ Yes	•	Indicate cou	ntry		
Do you have any valid or ex	pired travel docume	ent or passp	ort from any co	ا untry o	ther than Ca	nada?		
○ No ○ Yes	Enclose the docu	ıment (origir	nal only). If no lo	onger ir	n your posses	ssion, explain v	vhy.	
Have you visited another co	untry since your en	try to Canad	la?					
No Vac (apacify)	D	<u> </u>			1_			
Yes (specify)	Date left Year Month		te returned Year Month	Day	Country		Reason	
	Date left Year Month		te returned Year   Month	Day	Country		Reason	
Have you, since your date o	of entry to Canada	applied for a	passport or tra	vel doc	cument (or re	newal of such	a document) f	rom vour
country of origin or citizensh	nip?				ournoint (or ro	nowal or odon	a accumonty in	iom you.
No Provide a de	etailed explanation of	of your reas	ons for not app	lying.				
	st was refused, encl steps you have take		er of refusal. If u	unable	to provide thi	s letter, explair	n why. If no rep	ply was received,
Signature of applicant							Date	
Signature or applicant							Year	ı Month ı Dav

(6) Application for Canadian Citizenship (see Instructions, section L)									
Note: If insufficient space, use section 8, Additional Information, or attach a separate signed and dated sheet with the additional personal information.									
Have you applied for Canadian citizenship?									
No Explain why you have not applied.									
Yes Enclose the receipt confirming payment of fees (IMM 5401) or, if applicable, a copy of the letter of refusal.									
(7) Documents to Support Identity (see Instructions, section M)									
Provide the following inf	ormation. Include signed co	opies (both sides) or original docur	nents.						
Type of document	Document number	Date of expiry (if applicable)  Year Month Day	Name as it appe	ears on the docur	ment				
Type of document	Document number	Date of expiry (if applicable)  Year  Month  Day	Name as it appe	ears on the docur	nent				
(8)		Additional Information							
Signature of applicant				Date					
Signature of applicant				Date Year	Month Day				

(9) Additional Personal Information									
Note: If insufficient space, u					te signed and d	ated she	et.		
Addresses in the last two	<b>o (2)</b> years ( (	Same as curr Different from		address nome address (c	omplete below)				
					From Year	Month	To Year		Month
1.									
2.					From Year	Month	To Year		Month
B Occupation in the last tw	o (2) years	my employer	s were ar	nd/or				1	
	ĺ		-	tional institutions					
Employer/school or other	other, e.g. homemaker, unemployed or retired, as follows ver/school or other Address Telephone (daytime) Field of employme					dies Date (fr	om) D	ate (to)	
						,			()
Mother's maiden	name	Provide	e your mot	her's surname (las	t name) at the tim	e of her b	irth.	·	
		,							
10			Refer						
Provide the following information known you for at least six (6)						your gu	arantor and	who ha	ive
1. Surname (last name)				Given name(s)					
Relationship Address (Number, Street, Apartment, City, Province/Territory/State, Country)									
Telephone (daytime)	Telephone (	(other)		Cell number or email (optional) Has kr			Has knov	vn me f	or
Number of months  Civen name(s)									
2. Surname (last name)				Given name(s)					
Relationship	Address (Nu	umber, Street, A	partment,	City, Province/T	erritory/State, C	Country)			
Telephone (daytime) Telephone (other) Cell number or email (optional) Has known me				vn me f	or				
				Number of m			nonths		
(11)	E	mergency Co	ontact I	nformation (	optional)				
We recommend that you have an acciden	you provide 1	the name of som	neone who	o would <b>not</b> norn		you. Thi	s information	n is help	oful if
Surname (last name)	icor become i	III WIIIIO LI GVOIIII IS	godiolae	Given name(s)					
Relationship to applicant	Telephone (	(davtime)		Telephone (oth	er)	C	ell number		
Relationship to applicant									
Current home address						1			
Number Street		Apartmen	t City			Provin	ce/Territory/State	Postal/Z	IP code
Signature of applicant						Date	e Year	Month	Day

7.	Your representative's conta	act information							
	Name of firm or organization (if applicable)								
	Mailing address								
	Postal code/ZIP								
	Telephone number	Country code Area code	Number						
		( )							
	Fax number	Country code Area code	Number						
		( )							
	E-mail address (if applicable)								
l	Dy indicating your represent	ativola a mail addraga vav ara k	eroby outborizing Citizanah	in and Immigration Canada to tran	amit your file and personal information to this				
	specific e-mail address.	alive's e-mail address, you are n	lereby authorizing Citizensh	np and immigration Canada to tran	smit your file and personal information to this				
8.	Your representative's decla	aration:							
		tion in Section B is truthful, comp							
	<ul> <li>I understand and accept Canada and Canada Bor</li> </ul>	that I am the person appointed der Services Agency	by the applicant to conduct	t business on the applicant or spor	nsor's behalf with Citizenship and Immigration				
	Signature of representative				Party ID (if known)				
	o.g								
	Date		(YYYY-MM-DD)						
ECT	ION C: CANCEL THE APPO	OINTMENT OF A REPRESENTA	ATIVE						
		or this person to serve as my rep nada Border Services Agency.	resentative, to receive infor	mation on my case file and to condu	uct business on my behalf with Citizenship and				
9.	Your representative's full n	ame							
	Family name (Surname)								
	Given name(s)								
	(-)								
	Name of Commence of the Commen								
	Name of firm or organization (if applicable)								
ECT	ION D: YOUR DECLARATI	ON							
10.									
		and truthfully answered all questi			for every point that was not clear to me.				
	- Taiso deciare that Thave	read and understood all the state	inents on this form, having	asked and obtained an explanation	for every point that was not clear to me.				
	Signature of applicant								
	Date		(YYYY-MM-DD)						
	Duito		,						
	Signature of spouse or co	ommon-law partner							
	(if applicable)								
	Date		(YYYY-MM-DD)						

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**. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security and Intelligence Service (CSIS), where there is an agreement or arrangement with a foreign government, in accordance with subsection 8(2) of the *Privacy Act*. Pursuant to the *Immigration and Refugee Protection Regulations*, the information may also be shared with a regulatory body that is responsible for governing or investigating the conduct of representatives, such as a provincial and territorial law society, the *Chambre des Notaires du Québec* and the Immigration Consultants of Canada Regulatory Council (ICCRC). 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**.

## Photo Specifications

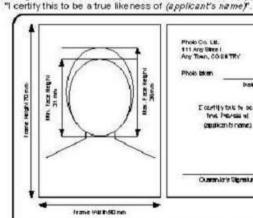
SIZE AND PAPER

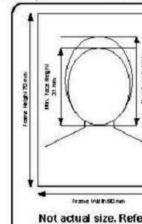
- The photos must measure 50 mm x 70 mm. (2 in, wide x 2 1/4 in, high) in size.
- Hearw weight paper is unacceptable.

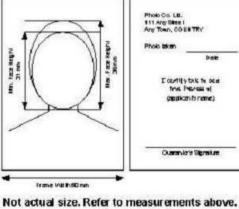
## Photos must be printed on plain, high quality photographic paper.

- PHOTOGRAPHER AND GUARANTOR
- Photos must be taken by a commercial photographer. . The name of the photographer or studio, the address and the
- date the photo was taken (not the date the photo was printed) must be provided directly on the back of one photo (see illustration). . The guarantor must clearly write on the back of one (1) photo:









## Hats and other head coverings are not permitted except when worn. for religious or medical reasons and only if the full facial features are clearly visible.

- · Black and white or colour photos are acceptable. Photos must be originals, not taken from any existing photo. and must have been taken within the last 12 months.
- QUANTITY AND FORMAT Two (2) identical unaltered photos produced from the same film. or from the same electronic file capturing the digital image.

· Photos must be taken with uniform lighting and not show shadows or flash reflection on the face and head. Photos with shadows on the face or background are unacceptable.

IMAGE INFORMATION

with the mouth closed.

light-coloured background.

Note: Photo specifications for the travel document are

Your travel document application will be refused if your

Photos must show a full front view of the face with both.

edges of the face showing clearly. The face and shoulders:

must be centred in the photo and squared to the camera.

Eves must be open and clearly visible. Glasses, including

tinted ones with prescription, may be worn as long as the

The length from chin to crown of the head (natural top of head).

must be between 31 mm and 36 mm (1¼ in, and 17/16 in.).

eyes are dearly visible. Sunglasses are unacceptable. Facial expression must be neutral (not frowning or smiling).

. The image must be clear, sharp and in focus. Photos must be taken against a plain, uniform, white or

Photos must reflect/represent natural skin tones.

different from those for a permanent resident card.

photos do not meet the following specifications:

H)