



Contact on 8010700700 for more details

Personal Documents

Scanned copy of valid passport

With at least 6 months validity from the date of travel (all used pages) (both current and old passports).

Signed Visa Form

To be filled online and sent along with the barcode receipt automatically generated after clicking VALIDATE button on the visa form

Process for opening Canada TRV form Click on Canada TRV form

Download the form in your computer

Open the form from your downloads and type in the details

All Form need to be filled SAME as per the passport and must be SIGNED by the applicant him/herself

Passport Size Photo

1 scanned Photograph (The photo must show a full front view of the head and tops of shoulders, with the face in the middle of the photo. Size of the head, from chin to crown, must be between 31mm and 36mm. Image size: at least 420 x 540 pixels.

We accept JPEG or JPEG2000 format. File size: approximately 240 kB, no more than 4 MB.)

Signed Cover letter

Addressed to Canadian High Commission



Proof of Funds

Bank Statement

Original Bank statement of last 6 months Stamped from Bank (Personal)

Income Tax Returns

Last 3 years ITR (Personal)



Occupation Proof

If you are an employee Last 3 months salary slips NOC from Company

If you are proprietor/owner of the company

Original Bank statement of last 6 months Stamped from Bank (Company) ITR of Last 3 years (Company)

Company proof (GST/ Incorporation certificate/Partnership Deed etc) Cover letter on company's Letterhead



Business Documents

Invitation

From Canada



USE OF A REPRESENTATIVE

You do not need to hire a 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 for free at www.cic.gc.ca.

A representative is someone who has provided advice or guidance to you at any stage of the application process, whether that person received consideration (i.e. compensation) or not. Following the submission of your application, that person may conduct business on your behalf with Immigration, Refugees and Citizenship Canada (IRCC) and the Canada Border Services Agency (CBSA) if you appoint them as your representative by filling out this form. The preceding includes Express Entry submissions. You may have **one** representative only per application. 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.

Note: You must use this form to appoint a paid or unpaid representative to conduct business with IRCC or the CBSA on your behalf. You must also use this form to: 1. notify IRCC if your representative's contact information changes, 2. if you wish to cancel the appointment of your current representative and represent yourself, or, 3. if you wish to cancel the appointment of your current representative and appoint a new representative

I am:

- ☐ appointing a representative. **Complete Sections A, B and D.**
- ☐ cancelling the appointment of a representative. **Complete Section A, C and D.**

SECTION A: APPLICANT INFORMATION

1. Your full name

Family name (Surname)

Given name(s)

2. Your date of birth (YYYY-MM-DD)

3. If you have already submitted your application:

Name of office where the application was submitted

Type of application (permanent residence, extension of study permit, etc.)

4. Unique Client Identifier (UCI) number (if known)

SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative and to conduct business on my behalf with Immigration, Refugees and Citizenship Canada and Canada Border Services Agency. **Note:** Even if a representative is being paid or compensated by someone other than you (the applicant), the representative is still considered to be a compensated representative.
- I authorize Immigration, Refugees and Citizenship Canada and Canada Border Services Agency to release information from my case file and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

5. Your representative's full name

Family name (Surname)

Given name(s)

6. Your representative (tick one box):

(i) is UNCOMPENSATED and is a

- ☐ friend or family member
- ☐ member of the College of Immigration and Citizenship Consultants (CICC), a Canadian provincial or territorial law society, or the Chambre des notaires du Québec

Which province or territory?

Membership ID number

- ☐ other (please specify)

OR

(ii) is, or will be, COMPENSATED and is a member in good standing of

☐ the College of Immigration and Citizenship Consultants (CICC)

Membership ID number

☐ a Canadian provincial or territorial law society

Which province or territory?

Membership ID number

☐ the Chambre des notaires du Québec

Membership ID number

7. Your representative's contact information

Name of firm or organization (if applicable)

If student-at-law, write the name of the supervising lawyer

Supervising lawyer membership ID

Mailing address

Apt/Unit

Street no.

Street name

City/Town

Province/State/Territory

Country or territory

Postal code/ZIP

Telephone number

Country Code

Area Code and Telephone number

Fax number

Country Code

Area Code and Telephone number

E-mail address (if applicable)

By indicating your representative's e-mail address, you are hereby authorizing Immigration, Refugees and Citizenship Canada to transmit your file and personal information to this specific email address.

8. Your representative's declaration:

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Immigration, Refugees and Citizenship Canada and Canada Border Services Agency.

Signature of representative

Date (YYYY-MM-DD)

SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Immigration, Refugees and Citizenship Canada and Canada Border Services Agency.

9. Your representative's full name

Family name (Surname)

Given name(s)

Name of firm or organization (if applicable)

SECTION D: YOUR DECLARATION**10. Your declaration**

- I declare that I have fully and truthfully answered all questions on this form and any attached application (if applicable).
- I also declare that I have read and understood all the statements 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)_____
Signature of spouse or common-law partner for sponsorship application_____
Date (YYYY-MM-DD)**Warning!** It is a serious offence to give false or misleading information on this form.

Personal information provided on this form is collected by Immigration, Refugees and Citizenship Canada (IRCC) under the authority of the *Immigration and Refugee Protection Act* (IRPA) and of the Citizenship Act. The personal information of the applicant is used for identification and authorization purposes. The personal information of the immigration representative is used to verify that the representative is authorized to offer representation services according to the provisions of IRPA and of the Citizenship Act.

The personal information of both the applicant and the representative may be disclosed to other federal government institutions, non-governmental and inter-governmental organizations, regulatory bodies, investigative bodies, and provincial/territorial governments for the purposes of validating identity, information, and supporting an investigation.

Personal information of both the applicant and the representative may be used for other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Failure to complete the form in full will result in a delay to processing. The *Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the Office of the [Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 013, 042, 054, 068.



FAMILY INFORMATION

Type of application: ☐ Visitor ☐ Worker ☐ Student ☐ Other

Complete **ALL** names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). Include **ALL** family members even if they are not accompanying you. If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

BEFORE YOU START, READ THE INSTRUCTION GUIDE, TYPE OR PRINT IN BLACK INK.

SECTION A

Full name	Relationship SEE NOTE 1	Date of birth Y M D	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Country of birth		Present occupation	
	APPLICANT				
	SPOUSE OR COMMON-LAW PARTNER				<input type="checkbox"/> <input type="checkbox"/>
	MOTHER				<input type="checkbox"/> <input type="checkbox"/>
	FATHER				<input type="checkbox"/> <input type="checkbox"/>

NOTE 1: If no spouse or common-law partner is listed in Section A, read and sign below.

I certify that I do not have a spouse or a common-law partner. ►

Signature: _____

Date: _____

Year	Month	Day

SECTION B CHILDREN (Include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)

Full name	Relationship SEE NOTE 2	Date of birth Y M D	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Country of birth		Present occupation	
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

NOTE 2: If no children are listed in Section B, read and sign below.

I certify that I do not have any children, either natural or adopted. ►

Signature: _____

Date: _____

Year	Month	Day

SECTION C BROTHERS AND SISTERS (Include ALL brothers and sisters, ALL half-brother and sister and stepbrother and sister.)

Full name	Relationship	Date of birth	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Y M D Country of birth		Present occupation	
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SECTION D CERTIFICATION

I certify that the information contained on this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.



Signature: _____

Date:

Year	Month	Day
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The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as a temporary resident. It will be stored in Personal Information Bank CIC PPU 055, Visitor Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.

Dated:_____

To,

The Visa Officer,
The High Commission of Canada,
New Delhi.

Subject:- Authorization Letter

Respected Sir/ Madam,

I, hereby, authorized to _____for
submission and collection of my passport & documents on my behalf. Details of my passport are as
below:

Name_____

Passport No _____

Kindly do the needful.

Thanking You.

Yours Faithfully,

**CONSENT FORM AND TERMS OF USE FOR RESIDENTS FOR SERVICES OF THE CANADA
VISA APPLICATION CENTRE (CVAC) by VFS Global in INDIA**

1. VAC service

CVAC offers a number of administrative support services and biometric collection services to clients submitting a temporary or permanent resident application, or permanent resident travel document application to enter Canada.

Services charges for services at CVAC have been authorised by the Government of Canada.

2. Liability

VFS Global is not an agent of the Government of Canada. CVAC is a completely independent entity, operating under the laws of the country where the services are provided and is solely responsible for the provision of its services.

3. Language of service

CVAC shall provide the service and maintain the website in English and French and in the predominant local languages.

4. Agreement

As a user of CVAC services I understand and agree that:

I have read this document completely. My use of the services of CVAC is to assist me with submitting my temporary resident visa or permit application, or application for travel documents to the Government of Canada, and is on the terms and conditions noted in this document.

The personal information is gathered by the CVAC under the authority of a contract between VFS Global Services and the Government of Canada. This authority includes any approved subcontractor. The CVAC in India will receive documents from me and collect personal information related to me for the exclusive purpose of supporting the processing of my application by IRCC for a Canadian visa, permit or travel document, including transferring such documents and information to and from IRCC.

In addition, if indicated below in the "Consent for Indirect Collection", I give my consent to the CVAC in India to receive my documents and personal information from the person specified below.

My personal information may include my application form, supporting or other documents, including my fingerprints and photographs and other biometric information, as required by IRCC. My personal information may also include information related to application, identity, biographic and contact details, including electronic records or data related to my application.

In order to obtain the authorisation of the Government of Canada as a contractor, CVAC will respect principles of personal information confidentiality and protection adopted by various laws of Canada. A copy of these principles has been made available to me, and by signing this form I acknowledge that I am aware of the principles, and of the contact information for the Office of the Privacy Commissioner for Canada.

These documents and electronic information will be transmitted to IRCC, as required to provide the service.

I understand that CVAC will only collect, use, disclose and retain my personal information as required in its contract with the Government of Canada and for the purposes of providing administrative support services and biometric collection services for my visa, permit or travel document application, where applicable. The Government of Canada has prohibited CVAC from using or disclosing my personal information for any other purpose unless I have provided a further consent in writing. I understand that if I have concerns with the handling of my personal Information by the CVAC, I have the right to file a complaint with the Office of the Privacy Commissioner for Canada, using the contact information provided to me.

NAME (printed): _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

SIGNED AT: _____ (city, country)

Consent for Indirect Submission and/or Collection
(to be completed ONLY if travel agent or person other than applicant themselves is submitting and/or collecting the visa application and decision)

I give my consent to the Canada Visa Application Centre in _____(City, Country) to collect my documents from:

Name of Person to submit an application or collect the decision on my behalf:

Relationship to Applicant (if applicable): _____

Applicant Signature _____ Date _____

Declaration to be signed ONLY
by applicants assisted by the CVAC staff with electronic application form.

I received the assistance of the CVAC staff for data entry of my application information. I provided all information and responses required for the application. I have read the completed and printed application form and declare that the information provided is true and that the documents I am submitting in support of my application are genuine and have not been altered in any way.

Name: _____

Signature: _____ **Date:** _____

Applicants wishing to provide biometrics

I confirm that I have reviewed the biometrics validity and requirement tool on IRCC's website and will be providing my biometric enrolment notwithstanding the information provided on IRCC's website.

I have made this decision of my own free will and without any influence or suggestions from the VAC staff.

Name: _____

Signature: _____

Date: _____

Applicants NOT wishing to provide biometrics

I confirm that I have reviewed the biometrics validity and requirement tool on IRCC's website and have decided NOT to provide my biometric enrolment.

I have made this choice of my own free will and without any influence or suggestions from the VAC staff.

Name: _____

Signature: _____

Date: _____