



## Pita Travel & Tours

Unit 203 RVGS Commercial Bldg. No. 84 Gloria Diaz St. BF Resort, Las Piñas 1747

Contact us: (02) 72146327 | +63 9175037482 | +63 9215555353

Email: [inquiry@pitatravelandtours.com](mailto:inquiry@pitatravelandtours.com) | [pitatravelandtours@gmail.com](mailto:pitatravelandtours@gmail.com)

Website: [www.pitatravelandtours.com](http://www.pitatravelandtours.com)

### CANADIAN VISA APPLICATION QUESTION GUIDE

**(Please do not leave anything blank. Incomplete form will not be processed.)**

#### **PERSONAL INFORMATION:**

Full Name (as it appears on the passport): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Do you hold or have held any nationality other than the one you indicated above? YES  NO

Are you a permanent resident of another country other than your country of origin? YES  NO

National Identification Number (if applicable): \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Set Home Address as Mailing Address? YES  NO

Mailing Address (if applicable): \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Landline Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Office Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### **PASSPORT DETAILS:**

Passport No: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_

City Issued: \_\_\_\_\_ Country Issued: \_\_\_\_\_

Issuance Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever lost a passport or had one stolen? YES  NO

#### **TRAVEL INFORMATION:**

Purpose of Trip to Canada: \_\_\_\_\_

Have you made specific travel plans? YES  NO

Intended Date of Arrival: \_\_\_\_\_ Intended Length of Stay: \_\_\_\_\_

Person/Entity Paying for your Trip: \_\_\_\_\_ Funds for this Trip: USD \_\_\_\_\_

Have you ever been to Canada? YES  NO  Have you ever been issued a Canadian Visa? YES  NO

Have you ever been denied of a Canadian Visa, or been denied admission to Canada, or withdrawn your application for admission at the port of entry? YES  NO



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Has anyone ever filed an immigrant petition for you? YES  NO

## CANADIAN CONTACT INFORMATION:

Name of Contact Person in Canada: \_\_\_\_\_ Relationship with you? \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## FAMILY INFORMATION:

### **FATHER**

Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Address: \_\_\_\_\_

Will accompany you to Canada? YES  NO

If deceased, please indicate the date and place of death: \_\_\_\_\_

### **MOTHER**

Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Address: \_\_\_\_\_

Will accompany you to Canada? YES  NO

If deceased, please indicate the date and place of death: \_\_\_\_\_

### **SPOUSE**

Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Will accompany you to Canada? YES  NO

If deceased, please indicate the date and place of death: \_\_\_\_\_

### **CHILDREN (please provide a separate sheet if needed)**

Complete Name (Child #1): \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Address: \_\_\_\_\_

Will accompany you to Canada? YES  NO



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If deceased, please indicate the date and place of death: \_\_\_\_\_

**Complete Name (Child #2):** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Will accompany you to Canada? YES  NO

If deceased, please indicate the date and place of death: \_\_\_\_\_

**Complete Name (Child #3):** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Will accompany you to Canada? YES  NO

If deceased, please indicate the date and place of death: \_\_\_\_\_

**Complete Name (Child #4):** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Will accompany you to Canada? YES  NO

If deceased, please indicate the date and place of death: \_\_\_\_\_

### **SIBLINGS (please provide a separate sheet if needed)**

**Complete Name (Sibling #1):** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Will accompany you to Canada? YES  NO

If deceased, please indicate the date and place of death: \_\_\_\_\_

**Complete Name (Sibling #2):** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Will accompany you to Canada? YES  NO

If deceased, please indicate the date and place of death: \_\_\_\_\_

**Complete Name (Sibling #3):** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Will accompany you to Canada? YES  NO



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If deceased, please indicate the date and place of death: \_\_\_\_\_

Complete Name (Sibling #4): \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Address: \_\_\_\_\_

Will accompany you to Canada? YES  NO

If deceased, please indicate the date and place of death: \_\_\_\_\_

## **WORK/EDUCATION/TRAINING INFORMATION:**

Current Occupation: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_ Country/Region: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Number: \_\_\_\_\_ Monthly Salary (if employed): PHP \_\_\_\_\_

Briefly describe your Duties/Responsibilities: \_\_\_\_\_

Were you previously employed? \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Number: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Country/Region: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employment Date From: \_\_\_\_\_ To: \_\_\_\_\_

Briefly describe your Duties/Responsibilities: \_\_\_\_\_

Have you attended any educational institutions at secondary level or above? YES  NO

## **HIGH SCHOOL**

Name of School(s): \_\_\_\_\_

School Addresses: \_\_\_\_\_

Country/Region: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Attendance From: \_\_\_\_\_ To: \_\_\_\_\_

## **COLLEGE**

Name of School(s): \_\_\_\_\_

School Addresses: \_\_\_\_\_

Country/Region: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Attendance From: \_\_\_\_\_ To: \_\_\_\_\_

## **POST-GRADUATE (if applicable)**

Name of School(s): \_\_\_\_\_



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School Addresses: \_\_\_\_\_

Country/Region: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Attendance From: \_\_\_\_\_ To: \_\_\_\_\_

## **TRAVEL HISTORY:**

Have you traveled to Canada in the last five years? YES  NO

1. Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_
2. Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_
3. Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_
4. Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_
5. Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_

Have you traveled to other countries in the last ten years? YES  NO

1. Country: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_
2. Country: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_
3. Country: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_
4. Country: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_
5. Country: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_
6. Country: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_
7. Country: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_
8. Country: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_
9. Country: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_
10. Country: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_

List the languages you speak: \_\_\_\_\_

**I attest that all the given information are true and correct.**

\_\_\_\_\_  
Signature over Printed Name/Date

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