

INDOCHINESE DESIGNATED CLASS PROCESSING RECORD AND VISA / CATÉGORIE DÉSIGNÉE D'INDOCHINOIS - FICHE DE TRAITEMENT ET VISA

SURNAME, GIVEN NAMES - NOM DE FAMILLE, PRÉNOMS: [Blank]

NO OF T1, IF APPLICABLE / N° DE L'ÉI, S'IL Y A LIEU: [Blank]

NAME OF CAMP - NOM DU CAMP: **BIDONG**

BIRTH DATE / DATE DE NAISSANCE: [Blank]

PLACE OF BIRTH - LIEU DE NAISSANCE: [Blank]

COUNTRY OF BIRTH - PAYS DE NAISSANCE: **VN**

BOAT NO. - N° DU BATEAU: **SS 1050 IA PB040021**

CITIZEN OF - CITOYEN DE: **STATELESS**

SEX - SEXE: M F

MARITAL STATUS - ÉTAT MATRIMONIAL: 1 SINGLE - CÉLIBATAIRE 2 MARRIED - MARIÉ(E) 3 WIDOWED - VEUF (VEUVE) 4 DIVORCED - DIVORCÉ(E) 5 SEPARATED - SÉPARÉ(E)

HAVE YOU, OR ANYONE LISTED BELOW, BEEN CONVICTED OF A CRIME OR AN OFFENCE, REFUSED ADMISSION TO OR REQUIRED TO LEAVE CANADA / AVEZ-VOUS, OU TOUTE AUTRE PERSONNE MENTIONNÉE CI-DESSOUS ÉTÉ DÉCLARÉ(E) COUPABLE D'UN CRIME OU D'UNE INFRACTION, ESSUYÉ UN REFUS CONCERNANT VOTRE ADMISSION AU CANADA OU ÉTÉ PRIÉ(E) DE QUITTER LE CANADA: YES OR NO / OUI OU NON: **NO**

INITIALS - INITIALES: **X CS**

ACCOMPANYING FAMILY MEMBERS - MEMBRES DE LA FAMILLE QUI VOUS ACCOMPAGNENT

FAMILY NAME / NOM DE FAMILLE	GIVEN NAMES / PRÉNOMS	RELATION TO FAMILY HEAD / PARENTÉ AVEC LE CHEF DE FAMILLE	BIRTH DATE / DATE DE NAISS.			CITY, TOWN AND COUNTRY OF BIRTH / VILLE, VILLAGE ET PAYS DE NAISSANCE	MEDICAL NO. AND CATEGORY / N° DE LA FICHE ET DE LA CATÉG. MÉD.	S
			DJ	M	Y-A			
		S/S	--	73	SAIGON, VN			
<i>[Large handwritten scribble across the table]</i>								

I CERTIFY THAT MY ANSWERS TO THESE QUESTIONS ARE TRUE AND CORRECT / JE CERTIFIE QUE MES RÉPONSES À CES QUESTIONS SONT EXACTES ET CONFORMES À LA VÉRITÉ:

FULL NAME, ADDRESS AND RELATIONSHIP OF PERSON WILLING TO ASSIST / NOM ET ADRESSE AU LONG DE LA PERSONNE DISPOSÉE À OFFRIR SON AIDE ET LIEN DE PARENTÉ: [Blank]

DESTINATION - DESTINATION: [Blank]

IMMIG. CATEGORY / CATÉGORIE D'IMM: [Blank]

SPECIAL PROGRAM / PROGRAMME SPÉCIAL: SBE TOR

C.L.P.R. - D.P.R.P.: SRVN - R.S.V.-n. KAMP. LAOS

MEDICAL NO. AND CATEGORY - N° DE LA FICHE ET DE LA CAT. MÉD.: [Blank]

S:

TRANSPORTATION WARRANT NO. / N° DU BON DE TRANSPORT: **669970 B**

DC: [Blank]

DATE OF INTERVIEW / DATE DE L'ENTREVUE: **11 03 81**

DATE OF STAGE "B" / DATE DE L'ÉTAPE B: [Blank]

DATE OF MEDICAL DECISION / DATE DE LA DÉCISION D'ORDRE MÉDICAL: [Blank]

DATE OF OTHER REQUIREMENTS / DATE D'AUTRES FORMALITÉS: [Blank]

DATE OF FINAL DISPOSITION / DATE DE LA DÉCISION FINALE: [Blank]

OFFICE OF ISSUE - BUREAU DE DÉLIVRANCE: **SINGAPORE**

DATE OF ISSUE / DATE DE DÉLIVRANCE: [Blank]

DATE OF EXPIRY / DATE D'EXPIRATION: [Blank]

REMARKS (PERSONAL SUITABILITY) - OBSERVATIONS (PERSONNALITÉ):

has letters from Bro in VN. relationship not verified yet. no EF + with minor sister. Definitely will require 1010 or 1350 leave on Bidong 'Hl' rec'd. CS 11-3-81.

SIGNATURE OF VISA OFFICER - SIGNATURE DE L'AGENT DES VISAS: **X**



APPLICATION FOR PERMANENT RESIDENCE

• For office use •

BEFORE COMPLETING - read carefully the INSTRUCTIONS and CAUTIONS on the back

R5001 8720

1. Surname (family name) First name Middle name

3. Permanent address

4. Present mailing address is as above [X] or:

5. Telephone no.

6. Date of birth (Day: 05, Month: 09, Year: 1962) 7. Place of birth (City/town, Province/state, Country: S. VIETNAM) 8. Citizen of VIETNAMESE

9. Sex [X] Male [] Female 10. Marital status [X] Unmarried (never married) [] Engaged [] Married [] Widowed [] Separated [] Divorced

11. a) Date and place of marriage (Day, Month, Year, Place) b) I have been married more than once [] Yes [] No c) My spouse has been married more than once [] Yes [] No

Table with 6 columns: Family name, Given names, Relationship to me, Date of birth (Day, Month, Year), City/town & country of birth, Citizen of. Content: N/A

13. Other name(s) my spouse has used or has been known as:

Table with 4 columns: Name, Full date of birth, City/town & country of birth, Present address in full. Rows for: a) Father's full name (1937, S. VIETNAM, S. VIETNAM), b) Mother's full name before marriage (1938, S. VIETNAM, S. VIETNAM), c) Father-in-law's full name, d) Mother-in-law's full name before marriage

15. a) Passport number b) Date of issue c) Valid until N/A d) Country of issue e) Identity card no.

16. a) Have you received any portion of your education or training at the expense of your government or any other government? [] Yes [X] No b) If your answer to question 16 a) is "Yes", do you have any contractual obligations which remain to be satisfied? [] Yes [X] No

17. If I am permitted to go to Canada I will:

a) Arrive with the following assets in my possession	Money	Other (specify)	DO NOT USE
	NONE		
b) Leave behind to transfer at a later date	Transferable pension	Money	Property
	Monthly	NONE	
c) Leave behind legal obligations or debts owing to: (name of person(s) or company(ies))			Total debts
NONE			

18. Present occupation: **WEAVER**

19. Intended occupation in Canada: **CONTINUE GO TO SCHOOL**

20. I intend to work in Canada: Yes No

21. I attach a copy of a job offer:

22. The following person or employer in Canada has offered to assist me after my arrival (name and address):

23. Relationship to me of person named in 22.

24. Destination in Canada: **VANCOUVER B.C.** Name of city/town: **VANCOUVER B.C.** Province:

25. The name and address of my closest relative outside Canada is: **N/A**

26. The name and address of my closest relative (if any) in Canada is: **N/A**

27. Indicate your ability in Canada's official languages. Circle the right answer.

	English			French			28. What is your native language? VIETNAM
	Speak	Well	With difficulty	Not at all	Speak	Well	
Read	Well	With difficulty	Not at all	Well	With difficulty	Not at all	
Write	Well	With difficulty	Not at all	Well	With difficulty	Not at all	

29. Education - I have successfully completed:

5 Years of elementary / primary school

7 Years of secondary / high school

Years of university / college

Years of formal apprenticeship / training

Details of my education are as follows:

Dates		Name and location of institution	Type of institution	Type and date of certificate/diploma issued
From (month-year)	To (month-year)			
1968	1972	SAIGON (SVN)	PRIMARY SCHOOL (PUBLIC)	
1972	1979	- SAIGON (SVN)	HIGH SCHOOL (PUBLIC)	

30. Work history: during the past ten years I have worked for the following employers

Dates		Name and address of employer	Specify your occupation	Gross monthly earnings
From (month-year)	To (month-year)			
1979	1980		WEAVER	80\$ VN

31. During the past ten years I have lived at the following addresses:

Dates		Street and number	City or town	Country
From (month - year)	To (month - year)			
1971	1980			V. VIETNAM

32. Since my 18th birthday, I was (or still am) a member of, or associated with the following political, social, youth, student or vocational organizations (including trade unions & professional associations).

Dates		Name and address of organization	Type of organization	Position held (if any)
From (month - year)	To (month - year)			
		NONE		

33. Have you or has any one of the persons included in question 12 ever: ("X" the appropriate box)

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| a) Had or been treated for any physical or mental disorders? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Suffered from any communicable or chronic diseases? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Been convicted of any crime or offence? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Been refused admission to or ordered to leave Canada or any other country? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Been refused a visa to travel to Canada or another country? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Applied previously for a Canadian social insurance number? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g) Resided in another country? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to any of the above is "Yes", give details on a separate sheet.

34. I wish to leave for Canada when processing of this application is completed or _____ months from today.

35. Two individual passport size photographs of yourself and your spouse must be attached in this space.

36. If this application is provisionally approved, you (and your family if applicable) will be asked to have a medical examination. In the event that the examination discloses a condition which should be discussed with the authorities of the province to which you wish to proceed, your prospective employer in Canada or your relative in Canada, please sign the following:

CERTIFICATE FOR THE RELEASE OF MEDICAL INFORMATION

I _____
(Print name)

having applied for an immigrant visa, do hereby consent to the release of such particulars concerning the medical condition of myself (and my family if applicable) as may be relevant to my admission to Canada.

Signature of applicant

Date

Signature of applicant's spouse

37. I understand that any false statements or concealment of a material fact may result in my permanent exclusion from Canada, and even though I should be admitted to Canada for permanent residence, a fraudulent entry on this application could be grounds for my prosecution and/or deportation.

Should my answers to questions 10, 12 and 33 change at any time prior to my departure for Canada, I undertake to report such change and delay my departure until I have been informed in writing, by the office dealing with my application, that I may proceed to Canada. I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.

Date ►

Signature of applicant ►

Signature of applicant's spouse ►

DO NOT COMPLETE THIS SECTION NOW - YOU WILL BE ASKED TO SIGN IT IN THE PRESENCE OF AN OFFICIAL OF THE GOVERNMENT OF CANADA

I, SOLEMNLY DECLARE THAT THE INFORMATION I HAVE GIVEN IN THE FOREGOING APPLICATION IS TRUTHFUL, COMPLETE AND CORRECT, AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE AND KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH.

DECLARED BEFORE ME AT Bidong

[Handwritten mark]

(Signature of Applicant

n/a
Signature of Applicant's Spouse

THIS 11 DAY OF Mar 1981

[Signature]
Signature of the Official of the Government of Canada

TO BE COMPLETED IN THE PRESENCE OF AN OFFICIAL OF THE GOVERNMENT OF CANADA

I, DO SOLEMNLY DECLARE THAT I HAVE INTERPRETED FAITHFULLY AND ACCURATELY THE INFORMATION PROVIDED BY THE DECLARANT, IN HIS OWN LANGUAGE, AND HE HAS INFORMED ME THAT HE COMPLETELY UNDERSTANDS THE CONTENTS OF THIS APPLICATION.

Date

Signature of Interpreter

Signature of the Official of the Government of Canada

BEFORE COMPLETING, PLEASE READ THE FOLLOWING CAREFULLY

INSTRUCTIONS



- CANADIAN IMMIGRATION LEGISLATION PROVIDES THAT IT BE LEFT TO THE DISCRETION OF THE HUSBAND AND WIFE IN A FAMILY UNIT TO DECIDE WHICH OF THE TWO IS TO BE THE PRINCIPAL APPLICANT WHOSE QUALIFICATIONS WILL BE SUBJECT TO ASSESSMENT UNDER IMMIGRATION SELECTION CRITERIA.
- IF THERE IS INSUFFICIENT SPACE ON THE FORM, ANSWER ON SEPARATE SHEETS, USING THE SAME NUMBERS WHICH APPEAR ON THE APPLICATION, PLEASE ATTACH THEM SECURELY TO THIS APPLICATION FORM AND INITIAL THEM.
- IF YOU ARE MARRIED, PLEASE ATTACH A SEPARATE SHEET TO THIS APPLICATION PROVIDING YOUR SPOUSE'S ANSWERS TO QUESTIONS 15, 16, 18, 19, 20, 21, 27, 28, 29, 30, 31 AND 32.
- ANSWER THE QUESTIONS BY PRINTING IN BLOCK LETTERS OR BY USING A TYPEWRITER.
- ALL QUESTIONS MUST BE ANSWERED. REPLY N/A (I.E. NOT APPLICABLE), IF THE QUESTION DOES NOT APPLY TO YOU. THIS WILL ASSIST US IN PROVIDING YOU WITH AN EARLY REPLY.
- CHILDREN 18 YEARS OF AGE AND OVER MUST ALSO COMPLETE SEPARATE APPLICATION FORMS.
- FOR YOUR CHILDREN, PLEASE PROVIDE THE ANSWER TO QUESTION 15, AND, IF APPLICABLE INDICATE HOW MANY YEARS OF SCHOOLING EACH HAS COMPLETED.

CAUTIONS



- PAYMENT OF A FEE TO A THIRD PARTY WILL NOT ASSIST OR EXPEDITE YOUR APPLICATION.
- DO NOT LEAVE YOUR EMPLOYMENT OR DISPOSE OF ANY OF YOUR ASSETS UNLESS OR UNTIL YOU ARE ADVISED IN WRITING BY AN OFFICIAL OF THE GOVERNMENT OF CANADA THAT YOUR APPLICATION IS APPROVED. THIS IS AN APPLICATION FORM ONLY AND DOES NOT CONSTITUTE AUTHORITY TO PROCEED TO CANADA.
- OTHER APPLICATION FORMS ARE AVAILABLE FOR PERSONS WISHING TO GO TO CANADA FOR A TEMPORARY OR SPECIAL PURPOSE, E.G. VISITORS, STUDENTS, TEMPORARY WORKERS.
- SHOULD THE ANSWERS TO QUESTIONS 10, 12 OR 33 CHANGE AT ANY TIME PRIOR TO DEPARTURE FOR CANADA, YOU ARE REQUIRED TO REPORT SUCH CHANGE, AND DELAY DEPARTURE UNTIL INFORMED BY THE CANADIAN OFFICE DEALING WITH YOUR APPLICATION THAT YOU MAY STILL PROCEED TO CANADA.
- YOU SHOULD ENSURE THAT YOU UNDERSTAND THE IMPLICATIONS OF THE FOREGOING AND OTHER STATEMENTS IN THIS APPLICATION.
- YOU SHOULD ASK FOR AN EXPLANATION ON EVERY POINT THAT MAY NOT BE CLEAR TO YOU.