

Name: _____ File # _____ Date: _____

SUPPLEMENTARY INFORMATION FORM

The information you provide on this form is collected under the authority of the Immigration and Refugee Protection Act (IRPA). Under the provisions of the Privacy Act and the Access to Information Act, individuals have the right to protection and access of their personal information.

NOTE: COMPLETION OF THIS QUESTIONNAIRE IS MANDATORY FOR ALL MALES AGES 15 YEARS OR OLDER AND FOR ALL FEMALES AGED 18 YEARS OR OLDER.

Failure to provide complete and accurate responses to all questions will cause delays, and may result in the refusal of your application.

TRAVEL HISTORY

1. What is the total number of passports issued to you including your current valid passport? _____
2. Provide details of your travel outside Pakistan. Please list all the countries that you have visited and lived in during your lifetime.

Dates (dd/mm/yyyy)		Purpose of trip	City, Country
From	To		

3. **Education**

Provide details of your entire educational background as follows:

From Month Year	To Month Year	Name of Institution	City and country	Major subjects studied	Type of certificate or diplomas issued

NOTE: Please attach extra sheet(s) if you find provided space insufficient to answer any question completely.

Name: _____ File # _____ Date: _____

4. **Personal History:**

Give details of what you have been doing during the past 10 years or since age 15 for males and 18 for females whichever period is longer starting with the most recent information. Include jobs held, periods of unemployment, periods of study and any other use of time, such as time spent travelling in search of a country of refuge, stays in hospitals, prisons or other places of confinement, and periods spent at home as a homemaker. **You must not leave gaps and are required to list your detailed activities during periods of your employment. If there are gaps, the questionnaire may be returned which will cause delays in processing your application.**

From Month Year	To Month Year	Activity	City or town and country	Name of company, employer, school, facility, as applicable.

5. Were you ever a member of any political party, other group, or organization? Please specify the organization, dates and positions held.

Dates (dd/mm/yyyy)		Position	Organization
From	To		

6. Have you ever held a position in any government or state enterprise? (E.g. mayor, Member of Parliament, counsellor, judge, managing director, etc). When and where?

Dates (dd/mm/yyyy)		Position	Organization
From	To		

Name: _____ File # _____ Date: _____

7. Have you ever been employed by a government or political party in a position of responsibility or supervision? (Eg. hospital administrator, police officer, elections official, etc.)

Dates (dd/mm/yyyy)		Position	Organization
From	To		

MILITARY SERVICE

Note: All immigration applicants must submit official military service completion or exemption certificates. If the questions below do not apply to you, please write “not applicable”.

8. Did you serve in any militia, army, defence, or police until (including obligatory national service, reserve or volunteer units)?

Yes No

If no, please explain _____

9. What were your duties most of the time? (Eg. infantryman, artillery, military policeman, radio operator, driver, other.) Please describe in detail.

10. What training did you receive?

11. Under what circumstances did your service end? (Eg. completed service, deserted, medical problems, etc.)

12. Did you ever participate in any form of combat?

Yes No

13. If yes, describe details and include specific dates and locations. Use a separate sheet, if required.

14. Have you ever witnessed or participated in ill treatment of prisoners or civilians, looting or desecration of religious buildings? If yes, describe the circumstances.

15. Where were you stationed? (Please provide dates, ranks, units and locations in the table on the next page.

(Note: You are required to read and sign the declaration at the bottom of the next page)

Details of Military Service

(Attach additional sheets as required)

Start Dates	End Dates	Mandatory or Career Service	Your Ranks <i>(Indicate dates of promotions)</i>	Your Duties <i>(You must provide detailed descriptions including involvement in arrests, combat, detention, interrogation, & support functions, etc.)</i>	Commanding Officers <i>(Must provide full names and ranks)</i>	Type of Units <i>(artillery, infantry, special-ops, etc)</i>	Name/Number of Units <i>Indicate the following:</i> 1. Unit/Detachment 2. Company/Battery 3. Battalion/Regiment/Brigade 4. Division 5. Army/Corps 6. Other	Your Locations <i>(Base, City and Province/Territory)</i>	# of People you Supervised
							1. 2. 3. 4. 5. 6.		
							1. 2. 3. 4. 5. 6.		
							1. 2. 3. 4. 5. 6.		

Medals/Awards *(Indicate name of medal/award, date, reason):*

Specialized Training *(Indicate type, location, date):*

You must now read and sign the following declaration.

I (please print your name full name) _____ DECLARE THAT ALL OF THE ABOVE STATEMENTS ARE TRUE, COMPLETE AND CORRECT, AND I MAKE THIS STATEMENT KNOWING THAT IT HAS THE SAME EFFECT AS APPEARING IN A COURT OF LAW.

Signature

Date