

Request to Add or Remove Family Member(s)

The personal information provided on this form is collected under the authority of section 33(c), and managed in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will be used for the purpose of administering the Alberta Immigrant Nominee Program (AINP). If you have any questions about the collection of this information, you can contact the Alberta Immigrant Nominee Program, Human Services, Suite 940, Telus Plaza North Tower, 10025 Jasper Avenue, Edmonton, Alberta, Canada, T5J 1S6. Fax: (780) 427-6560. E-mail: ainp.info@gov.ab.ca.

To add or remove a family member from your Alberta Immigrant Nominee Program (AINP) application/nomination, complete this form and fax it to the AINP at (780) 427-6560. Family members refer to spouse/common-law partner or dependent child. **The AINP will not accept incomplete forms or forms without supporting documents.** If you hold a Certificate of Nomination, the AINP will contact you within two weeks from receiving this form to determine if any changes will be made.

A. Candidate details		AINP file number: <input style="width: 150px;" type="text"/>	
Candidate's family name:		Candidate's given name(s):	
Candidate's residential address:		City/Town:	
Province/Territory/State:	Postal code/Zip code:	Country:	
Candidate's mailing address: (if different from above)		City/Town:	
Province/Territory/State:	Postal code/Zip code:	Country:	
Candidate's home phone:	Candidate's work phone:	Candidate's cell phone:	Candidate's fax:
Candidate's email:	Candidate's date of birth: (mm/dd/yyyy)	Candidate's country of citizenship:	

B. Family members to add or remove

Only list the family members who are not already Canadian citizens or permanent residents of Canada.

Family member	Spouse or common-law partner	Dependent child 1	Dependent child 2
Add or remove (check one only)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Reason to add or remove	<input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Divorce/separation	<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Adopton	<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Adopton
Family name			
Given name(s)			
Date of birth:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)

C. Application for permanent residence in Canada – history

Complete this section (section C) only if you have been nominated by the AINP and only if you have submitted an application for permanent residence to Citizenship and Immigration Canada (CIC).

Canadian Visa Office to which you applied:

Date application submitted:
(mm/dd/yyyy)

CIC file number:

D. Supporting documents

Provide a copy of the document(s) which support(s) the reason for adding/removing your family member(s).

- | | |
|--|---|
| <input type="checkbox"/> Birth – birth certificate | <input type="checkbox"/> Adoption – adoption documents |
| <input type="checkbox"/> Marriage – marriage certificate | <input type="checkbox"/> Common-law – Statutory Declaration of Common-law Union |
| <input type="checkbox"/> Divorce – divorce or legal separation documents | <input type="checkbox"/> Death – death certificate |

E. Declaration

You must sign and date this form

I declare that the information I have given is truthful, complete and correct.

Signature of AINP Candidate/Nominee:

Date:
(mm/dd/yyyy)

Fax your complete form and supporting documents to the AINP at (780) 427-6560