

Hon. Judy A. Sgro, P.C., M.P.

Member Of Parliament
Humber River-Black Creek

2201 Finch Ave. West Unit 25 Toronto, Ontario M9M 2Y9
Phone: 416-744-1882 Fax: 416-952-1696

Immigration, Refugee and Citizenship Canada Constituent Inquiry Form

WHO YOU ARE

P-1(a to h)

I hereby authorize the office of Judy Sgro, Member of Parliament for Humber River Black Creek, to obtain confidential client information of any kind relating to my file as identified and raised in any correspondence or communication.

1(a)	Your Full Name		
1(b)	Address		
1(c)	City	1(d) Province	1(e) Postal Code
1(f)	Telephone number, including area code	1(g) Fax number, including area code	1(h) Email address

APPLICANT INFORMATION

P-2(a to h)

1a)	Given or first name(s)	1b)	Family or last name(s) / surname(s)	1c)	Date of birth (year/month/day)
1a)	Country of birth	1b)	File Number #	1c)	UCI Number #

APPLICATION TYPE

P-3(a to h)

1a)	Visitor Visa	1b)	Permanent Resident	1c)	Student Visa
1d)	Citizenship	1e)	Refugee Claimant	1f)	Sponsorship

YOUR COUNSEL

P-4(a to h)

Do you have counsel (for example, a lawyer, immigration consultant, other MP office or other person who is representing you?)

☐ Yes ☐ No

YOUR DECLARATION ASA CLAIMANT

P-5

I understand that any misrepresentation or omission of information can hinder or prevent the office of Honourable Judy Sgro from assisting me with my case.

DECLARATION

I declare that the information I have provided in this form is complete, true and correct. I declare that I am able to read English and that I have fully read and fully understood the entire content of this form and all attached documents. My declaration has the same force and effect as if made under oath.

Your signature

Date (year/month/day)

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MP. Hon. Judy Sgro

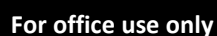




P-6(a to j

Liis. all other dependents (if any) who are on the application, along with their date of birth and UCI numbers.

Please attach any relevant documents or communication from IRCC



P-6

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