

Identificati	on					
Policy number:						
Last name:						
First name:						
Date of birth:	year / month /	Coun	try of birth:			
Section For	reign travel —					
1. Status: 🔲 Cana	ndian Citizen 🔲 Perm	anent Resident	t 🗌 Other:			
	ada: date of arrival? ——ent Residence Status wa	is obtained.				
Date that i enhance	the hesidence status wa	is obtained.				
2. Proposed Travel wi						
-	ravel outside of Canada		□ NO			
if yes, please provid	de the following details		D (7.1			
Dates of Travel De (MM/YEARS) (c	estinations country/city)	Length of Stay at each Destination	Purpose of Travel (tourism, family, business)	Accomodation (hotel, private room, other)	Type of transportation to be used:	Any excursions planned

ii yes, piease	provide the following		D			
Dates of Travel MM/YEARS)	Destinations (country/city)	Length of Stay at each Destination	Purpose of Travel (tourism, family, business)	Accomodation (hotel, private room, other)	Type of transportation that was used:	Any excursions completed
Havo vou tra	valed outside of Cana	ada in the last 1/1 o	davc? VES	NO		
	veled outside of Cana ditional pertinent info		-	NO closed related to Foreig	n Travel. Use a separate	sheet if necessar
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ovide any ado	litional pertinent info	ormation or comme	ents not previously dis	closed related to Foreig	n Travel. Use a separate	

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