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Canadian Heritage

**Application Form:**  
**Application for *Ex-Gratia***  
**Symbolic Payments to Living**  
**Chinese Head Tax Payers**

Canada 



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**Application Form:**  
**Application for *Ex-Gratia***  
**Symbolic Payments to Living**  
**Chinese Head Tax Payers**



APPLICATION FOR EX-GRATIA SYMBOLIC PAYMENTS TO LIVING CHINESE HEAD TAX PAYERS

OFFICE USE ONLY	
Application No.	_____
Date Received:	_____ (yyyy/mm/dd)

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1. Application completed by Head Tax payer

Is this an application on behalf of yourself?  (if yes, go to section 3)

2. Contact information of person legally authorized to represent the applicant

Is this an application by a person completing the form on behalf of applicant?  Yes

Is proof attached that person is legally authorized to represent the applicant?  Yes  No

Salutation:  Mr.  Mrs.  Ms.

Family name (in English or French): \_\_\_\_\_

Given name(s) (in English or French): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment/Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_ Language preference of correspondence:  French  English  
Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

3. Information on the identity of Head Tax payer (All information is mandatory)

Salutation:  Mr.  Mrs.  Ms.

Family name (in English or French): \_\_\_\_\_ (If you have proof, attach it.)  Yes  No

Given name(s) (in English or French): \_\_\_\_\_

Family name at birth, if different from above: \_\_\_\_\_ (If you have proof, attach it.)  Yes  No

City, region and country of birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (yyyy/mm/dd)

Family name at date of entry in Canada or Dominion of Newfoundland, if different from above (in French or English): \_\_\_\_\_

Details of any other name(s) which may have been used in official immigration documents:

Name (in English or French): \_\_\_\_\_

Details of any legal name changes in Canada:

Name (in English or French): \_\_\_\_\_ Date of Change: \_\_\_\_\_

Province of residence at time of change: \_\_\_\_\_ (yyyy/mm/dd)

Current address (usual place of residence):

Street Address: \_\_\_\_\_ Apartment/Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_ Language preference of correspondence:  French  English  
Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_





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Mailing address (if different from residence):

Street Address: \_\_\_\_\_ Apartment/Unit Number: \_\_\_\_\_
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Telephone number(s):
Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4. Head Tax Information (Please complete to the best of your knowledge)

I paid the Head Tax, or it was paid on my behalf: [ ] Yes
Where was Head Tax was paid? Canada: [ ] Dominion of Newfoundland [ ]
Certified copy of Head Tax Certificate attached: [ ] Yes [ ] No Head Tax Certificate Number: \_\_\_\_\_

If you do not have a Head Tax Certificate Number or a certified copy of a Head Tax Certificate, please answer the following questions:

Date of entry to Canada or Dominion of Newfoundland (If you have proof, attach it.) \_\_\_\_\_ [ ] Yes [ ] No
(yyyy/dd/mm)
Port of entry: \_\_\_\_\_ (If you have proof, attach it.) [ ] Yes [ ] No

5. Citizenship or Permanent Residency status (All information is mandatory)

Canadian citizen: [ ] Yes (If you have proof, attach it.) [ ] Yes Date of naturalization: \_\_\_\_\_
[ ] No [ ] No (yyyy/dd/mm)
Permanent resident: [ ] Yes (If you have proof, attach it.) [ ] Yes Date of immigration: \_\_\_\_\_
[ ] No [ ] No (yyyy/dd/mm)

If the applicant is not a Canadian citizen or a permanent resident, additional information will be required to determine the applicant's long-standing connection to Canada in order to be eligible. If this is the case, please contact Canadian Heritage at 1-888-776-8584.

SUPPORTING DOCUMENTATION MUST BE CERTIFIED

Please provide a copy certified by a Commissioner for Oaths of any documents you have in your possession that will support your application. You should keep a copy of the application and supporting documents. Documentation is required to assist in processing your application.

6. Designated beneficiary

In the event that the applicant is assessed as eligible to receive a payment but dies prior to the payment being made, the beneficiary designated below will receive the payment. Note: The designated beneficiary will not receive the payment if any living person who is or who was in a conjugal relationship with the Head Tax payer applies and is deemed eligible for the payment.

Designated beneficiary \_\_\_\_\_ Relationship to Head Tax payer: \_\_\_\_\_



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7. Privacy Act Statement

The information contained on this form is required for the purpose of issuing to Head Tax payers living as of February 6, 2006 an ex-gratia symbolic payment of \$20,000 in recognition of the stigma and hardship of the Chinese Head Tax. This information is collected under the authority of subsection 4(1) and paragraphs 4(2)(a) and (b) of the Canadian Heritage Act and of the Order Respecting Ex-Gratia Payments to Chinese Head Tax Payers(C.P. 2006-707 August 14, 2006), and is protected by the provisions of the Privacy Act. This collection is voluntary and not required by law. However, refusal to provide the information will lead to this application not being processed and the impossibility of issuing an ex-gratia symbolic payment. The information will be stored in a personal information bank number and will be accessible to the applicant upon request.

In order for the ex-gratia symbolic payments to be processed and issued, Canadian Heritage will need to verify the veracity of the information submitted.

I, the undersigned, do consent to:

- i) the collection and use of the preceding personal information by Canadian Heritage for the above-mentioned purpose.
ii) the subsequent disclosure of the preceding information to Citizenship and Immigration Canada for the purpose of confirming my citizenship/permanent residency record, to Library and Archives Canada for the purpose of verifying my permanent residency record and my payment of the Head Tax or payment of the Head Tax on my behalf, and to Service Canada for the purpose of verifying my identity.
iii) the subsequent disclosure to Canadian Heritage of information obtained in the process of confirming my citizenship/permanent residency record by Citizenship and Immigration Canada; verifying by Library and Archives Canada my permanent residency record and payment by me, or on my behalf, of the Head Tax; and verifying my identity by Service Canada for the purpose of a final decision on the issuance of the ex-gratia payment.

Signature of the applicant or representative Date

If applicant is unable to provide some or all supporting documentation:

If I was not able to provide documentation or proof of my citizenship or permanent residency record, of my payment of the Head Tax or the payment of the Head Tax on my behalf or of my identity, I hereby authorize Citizenship and Immigration Canada, Library and Archives Canada or Service Canada to review their records for this information and provide it to Canadian Heritage for the purpose of a final decision on the issuance of the ex-gratia payment.

Signature of the applicant or representative Date

AFFIDAVIT

I make oath /declare that the statements made in this application are true and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application could result in criminal prosecution.

Signature of the applicant or representative

Sworn/Declared before me: in: this day of 20.

Commissioner for Oaths

Title (affix seal or stamp)