



Immigration and
Refugee Board of Canada
**Immigration Appeal
Division**

Commission de l'immigration
et du statut de réfugié du Canada
**Section d'appel
de l'immigration**

IAD File No: _____

Client ID No: _____

Date of Birth: _____
Day Month Year

Viisa Office: _____

NOTICE OF APPEAL - SPONSORSHIP APPEAL
Section 63(1) of the *Immigration and Refugee Protection Act*

TIME LIMIT: You must provide to the Immigration Appeal Division (IAD) this Notice of Appeal and a copy of the Citizenship and Immigration (CIC) refusal letter which contains the written reasons for refusal. The IAD Registry Office must **receive** these documents no later than **THIRTY (30) DAYS** after you received the refusal letter from CIC.

TO BE COMPLETED BY THE SPONSOR (APPELLANT)

I, _____, (appellant)
(FAMILY NAME) (FIRST AND MIDDLE NAMES)

This appeals the refusal of the sponsored application for permanent resident visas made by the following persons:

FAMILY NAME	FIRST NAME AND MIDDLE NAMES	RELATIONSHIP TO ME	DATE OF BIRTH (D-M-Y)
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___

Check the appropriate box:

I choose the language of my appeal to be: English French

I need an interpreter at the proceeding (language, including any dialect, if applicable): _____.

MY ADDRESS IS:

_____ Apt. # _____ City _____ Province _____ Postal Code _____

Telephone Number (Home): (_____) _____ (Work): (_____) _____
Area Code Area Code

Fax Number (Home): (_____) _____ (Work): (_____) _____
Area Code Area Code

COUNSEL:

You have the right to be represented by counsel, at your own expense. If you choose to retain counsel who charges a fee, the counsel must be a member in good standing of either a provincial law society, the Chambre des notaires du Québec, or the Canadian Society of Immigration Consultants. You must provide their membership identification number and the name of the organization below. If you have retained counsel, please complete the section below. If you will be retaining counsel later, you must provide to the IAD, in writing and without delay, the contact information for your counsel (name, address, telephone and fax numbers, any e-mail address, their membership identification number and the name of the organization).

Is your counsel being paid a fee to represent you in this appeal? NO YES

I AUTHORIZE THE FOLLOWING PERSON TO BE MY COUNSEL:

Name: _____ Occupation: _____
(Mr. Mrs. Ms. Miss)

Law Firm or Company: _____

_____	_____	_____	_____	_____
Number and Street	Apt. #	City	Province	Postal Code

Telephone Number : (_____) _____ Fax Number : (_____) _____
Area Code Area Code

Electronic Mail Address: _____ Membership Identification Number: _____

(check one)

Canadian Society of Immigration Consultants OR Lawyer/Notaire (Province) : _____

IMPORTANT: CHANGE IN CONTACT INFORMATION FOR YOU OR YOUR COUNSEL:

You must notify the IAD, in writing and without delay, if the contact information for you or your counsel changes. Please direct all communication to the IAD Registry Office that serves the province or territory where you are residing (see attached instructions for addresses).

FOR OFFICE USE ONLY

RECEIVED ON:

IMPORTANT: Under section 168(1) of the *Immigration and Refugee Protection Act*, if you fail to appear for a hearing, or fail to communicate with the IAD when requested, or fail to provide information required by the IAD (such as your most recent address), the IAD may determine that you have abandoned your appeal.

I have attached a copy of the CIC refusal letter, which I received on _____
(day) (month) (year)

Appellant's Signature _____

Signed at _____ on _____
(city) (day) (month) (year)