



IAD File No: \_\_\_\_\_

Client ID No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Day Month Year

Visa Office: \_\_\_\_\_

**NOTICE OF APPEAL - RESIDENCY OBLIGATION APPEAL**  
Section 63(4) 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) decision made outside Canada on your residency obligation. These documents must be **received** by the IAD Registry Office for the region in Canada where you last resided no later than **SIXTY (60) DAYS** after you received the CIC written decision.

**TO BE COMPLETED BY THE APPELLANT**

I, \_\_\_\_\_, (appellant)  
(FAMILY NAME) (FIRST AND MIDDLE NAMES)

appeal the CIC decision made outside Canada on my residency obligation.

**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): \_\_\_\_\_.

I wish to return to Canada to appear at my hearing in person. (Note: If you need a travel document to return, and you cannot get one from CIC, then you must make an application to the IAD. Under the IAD Rules, your written application for a travel document to return to Canada must be received by the IAD Registry Office and the Minister's counsel **no later than 60 days after the IAD receives this Notice of Appeal**. The IAD will decide your application based upon whether it is necessary for you to be present at your hearing.)

I do not intend to return to Canada for the hearing of my appeal. I would like to participate in my hearing by telephone or some other manner.

Please list your family members (spouse or partner, dependent children) who have also received CIC decisions on their residency obligation and who are also appealing those decisions (each family member must make their own appeal):

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

**IN CANADA, I MAY BE CONTACTED THROUGH:** Name: \_\_\_\_\_

\_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number (Home): (\_\_\_\_) \_\_\_\_\_ (Work): (\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

My last residence in Canada was in (City/District; Province): \_\_\_\_\_

**MY CURRENT ADDRESS IS:**

\_\_\_\_\_  
 Number and Street      Apt. #      City      Province/State      Country      Postal Code

Telephone Number: (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Country Code Area Code      Country 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. 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 last resided in Canada (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 officer's written decision, which I received on \_\_\_\_\_  
 (day) (month) (year)

Appellant's Signature

Signed at \_\_\_\_\_ on \_\_\_\_\_  
 (city) (day) (month) (year)