



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**

Client ID No:	Date of birth (yyyy/mm/dd)	Visa Office:
This area to be completed by IAD		
IAD File No:		

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 SPONSOR (APPELLANT):

I, _____, (appellant)
Family name
First and middle names

appeal the Citizenship and Immigration (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 are also submitting Notices of Appeal about CIC's decision on their residency obligation. Use an additional sheet if necessary. **This is for cross-referencing of your family's appeals ONLY. Each family member must submit their own individual Notice of Appeal using a separate copy of this form.**

Family name	First name and middle names	Relationship to me	Date of birth (yyyy/mm/dd)

In Canada, I may be contacted through:

Name	Address, number and street	Apt. #	City	Province	Postal code
Telephone number () _____ Area code	Fax number () _____ Area code	My last physical residence in Canada was in: _____ Province			
		City / District			

This area to be completed by IAD
IAD File No: _____

My current address is:

Number and street	Apt. #	City	Province	Country	Postal code
Telephone Number (____) (____) _____ Cntry code Area code		Fax Number (____) (____) _____ Cntry code Area code		Electronic Mail Address	

COUNSEL:

You have the right to be represented by counsel, at your own expense. If you choose to retain counsel who charges a fee or other consideration, the counsel must be a member in good standing of either a provincial law society (including a lawyer or paralegal), the Chambre des notaires du Québec, or the Immigration Consultants of Canada Regulatory Council (ICCRC). 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 their organization).

Is your counsel receiving a fee or other consideration to represent you in this appeal? Yes No

I authorize the following person to be my counsel:

Given Name and Surname (Mr., Mrs., Ms., Miss, Me)		Occupation		Organization or Company	
Number and Street	Apt. #	City	Province	Postal Code	
Telephone Number (____) _____ Area code		Fax Number (____) _____ Area code		Electronic Mail Address	

Check one

<input type="checkbox"/> Lawyer / Paralegal / Notary: _____ Province
<input type="checkbox"/> Immigration Consultants of Canada Regulatory Council (ICCRC) Membership Identification Number: _____

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).

IMPORTANT: 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 declare your appeal abandoned in accordance with subsection 168(1) of the *Immigration and Refugee Protection Act* without any further notice to you. If your appeal is abandoned, this means that your appeal has ended.

For Office Use Only
Received on: _____

I have attached a copy of the officer's written decision, which I received on: _____
Date (yyyy/mm/dd)

_____ **signed at** _____ on _____
Appellant's signature City Date (yyyy/mm/dd)