

Government Gouvernement of Canada du Canada

Application for an Electronic Travel Authorization (eTA)

Complete the application form

Before you submit an application, review it carefully. Make sure it is complete and accurate. Entering incorrect information could lead to a delay or even a refusal of an eTA application and/or prevent the applicant from boarding their flight. This form is available in English and French only.

Do you have a passport issued by France? (Required) Please tick one box only. ☐ Yes □ No What travel document do you plan to use to travel to Canada? (Required) Please tick one box only. ☐ Passport – Ordinary/Regular ☐ Passport – Diplomatic ☐ Passport – Official □ Passport – Service ☐ Emergency/Temporary Travel Document □ Refugee Travel Document ☐ Alien Passport/Travel Document Issued for Non-citizens ☐ Permit to re-enter the United States (I-327) ☐ U.S. Refugee Travel Document (I-571) What is the nationality noted on this passport? (Required) Passport details of applicant Passport number (Required) Please enter the passport number exactly as it appears on the passport information page.

		name(s) (Red tly as shown o		ssport or idei	ntity docun	nent.	
		irst name(s) etly as shown o	on your pas	ssport or ide	ntity docun	nent.	
Date of	birth (Re	quired)					
Year		Month		Day			
	(Require	•					
	/lale						
	emale						
□ ι	Inspecified	t					
Country	y/Territory	of birth (Rec	quired)				
	is no city/	h (Required) town/village or	n your pass	sport, enter i	the name (of the city/t	own/village whe
Date of	issue of	passport (req	uired)				
Year		Month		Day			
Date of	expiry of	passport (red	quired)	•		•	
Year		Month		Day			

Personal details of applicant

Additional nationalities

Indicate which countries/territories you are also a citizen of.

Country/Territory	
Example: New Zealand	
Marital status (Required) Please tick one box only.	
☐ Married	
☐ Legally Separated	
☐ Divorced	
☐ Annulled Marriage	
☐ Widowed	
☐ Common-Law	
☐ Never Married / Single	
Have you ever applied for or obtaine study in Canada? (Required)	ed a visa, an eTA or a permit to visit, live, work or
☐ Yes	
□ No	
If yes, Unique Client Identifier (UCI) / (Optional)	Previous Canadian visa, eTA or permit number.
Employment informat	ion
Occupation (Required) If not currently employed or in education appropriate. If currently in education, please state "s	ration, please state "Retired" or "Unemployed" , as 'Student" .
Job title (Required, if currently empl	oyed)

Name of employer or school, as appropriate. (Required)
Country/Territory (Required)
City/Town (Required)
Since what year? (Required)
Contact information
Preferred language to contact you (Required)
☐ English ☐ French
Email address (Required) Please enter a valid email address. It will be used to contact you about your application.
Residential address
Enter your permanent home address. Do not enter an address where you live temporarily.
Apartment/Unit number (If applicable)
Street/Civic number or house name (Required)
Street address/name (Required)
Street address/name line 2 (If applicable)

City/T	own (Requi	red)							
Count	try/Territory	(Required)							
Distric	ct/Region								
Tra	vel info	rmatio	า						
This ii	nformation n	en you will tr nay help us t olease tick "N	o process	your applica	tion. İ	f you do			
	Yes No								
	•	ou plan to tra you may ente		•	uired)				
Year		Month		Day					
		i me your flig you may ente	•	•	art. (F	Required)		
Hour		Minute		Time Z	one				
Bac	kgrour	nd Ques	stions						
		en refused a her country/			d entr	y to, or o	order	ed to le	ave
	Yes								
	No								
		usal, please in as well as the							
	<u> </u>		<u>'</u>						,

Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country/territory? (Required)
□ Yes
□ No
If yes, for each arrest, charge, or conviction, please indicate where (city, country), when (month/year), the nature of the offence, and the sentence. (Required)
In the past two years, were you diagnosed with tuberculosis or have you been in close contact with a person with tuberculosis? (Required)
□ Yes
□ No
If yes, is your contact with tuberculosis the result of being a health care worker? (Required)
□ Yes
□ No
If yes, have you ever been diagnosed with tuberculosis? (Required)
□ Yes
□ No
Do you have one of these conditions? (Required)
☐ Untreated syphilis
☐ Untreated drug or alcohol addiction
☐ Untreated mental health conditions with psychosis
☐ None of the above
Please briefly indicate if there are additional details pertinent to your application. For example, an urgent need to travel to Canada. Provide relevant details to avoid delays in the processing of your application.

Consent and declaration

Information provided to IRCC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), the Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), the Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to or validated with foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate or prosecute an offence under any law of Canada or a province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to IRCC's line of business and services and the Government of Canada's access to information and privacy programs are available at the Infosource website and through the IRCC Call Centre. Info Source is also available at public libraries across Canada.

Declaration of Applicant

I have read and understand the above declaration.

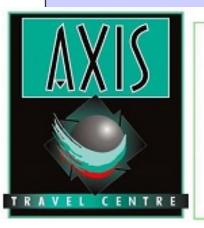
I declare that the information I have given in this application is truthful, complete and correct.

I understand that misrepresentation is an offence under section 127 of the Immigration and Refugee Protection Act and may result in a finding of inadmissibility to Canada or removal from Canada.

I agree that by typing my name below, I am electronically signing my application.

Signature of Applicant

To sign, type your name as it appears on your passport.



AXIS TRAVEL CENTRE *

311 Glen Osmond Road, Glenunga, 5064,

South Australia, TEL: 08 84331111

EMAIL:axis@axistravel.com.au

WEB: www.axistravel.com.au FAX: 08 84331100

"Where professional advice and quality service matter most"

*Trading under Priority Portfolio Travel Pty Ltd