



# CLIENT HISTORY UPDATE FORM

## CLIENT HISTORY UPDATE INFORMATION

### Important note to applicant

- It is imperative that this form be filled out accurately and completely.
- Incomplete forms will be returned, resulting in delays to your application.
- If you received a letter requesting specific information, enter **ONLY** information requested.

### Additional information

- If your parents are residing in Canada or the USA, their complete home address is required (street, city, province/state).
- If you served with any military organization, you **MUST** include your location of service (city or camp name), rank, and unit # or unit name.
- If you do not or did not belong to any organization, you **MUST** state "I did not or do not belong to any organizations".
- In "Work history," if you were unemployed, self-employed, retired or a student, you **MUST** state the city and country you were in at the time.
- If self-employed, indicate occupation.
- For post-secondary education, only indicate courses that are college or university approved.
- For place of birth, city or village must be provided.
- Current Canadian telephone number must be provided.

If more space is required, please use an additional sheet of paper. If you are unable to provide the information requested please explain the reason why on a separate sheet of paper. If you use an additional sheet of paper you **MUST** print your name and client ID on the top of the page. You must also sign and date the extra page.

**FAILURE TO COMPLY WITH ANY OF THE ABOVE INSTRUCTIONS  
COULD RESULT IN DELAYS TO YOUR APPLICATION**



# CLIENT HISTORY UPDATE FORM

## CLIENT INFORMATION

Family name		Given name(s)		Client ID no.	Principal applicant's ID no.
Eye color	Height	Canadian telephone no.		City or village of birth	

### 1 - WORK ACTIVITY (attach a separate sheet of paper if necessary)

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving social assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, how are your supporting yourself? Be specific.
---	---

You need to update/clarify your employment history. List ONLY the information required. If you were not working, state what it is you were doing in the occupation column. Example: unemployed, retired or student. If you were self employed, state type of occupation.  
ALL EMPLOYMENT IN CANADA MUST INCLUDE CITY AND PROVINCE.

From Month Year	To Month Year	Name of company/employer where you worked If unemployed: state unemployed	City/Province/ State/Country	Occupation

### 2 - ADDRESS HISTORY (attach a separate sheet of paper if necessary)

You need to update/clarify your home address history. List ONLY the information requested. Start with your most recent address. DO NOT USE (P.O.) BOX ADDRESSES. If you have no street number, explain why.

From Month Year	To Month Year	House no./Street/Apartment no.	City or town/ Province/State	Country

### 3 - ORGANIZATIONS YOU HAVE BELONGED TO (attach a separate sheet of paper if necessary)

List any organizations that, since your 18th birthday, you have been (or still are) a member of or supported. This includes political, military, social, student or vocational organizations such as unions and professional associations. If you did not belong to any organizations, print "I DID NOT BELONG TO ANY ORGANIZATIONS". If you serve in any military service, you MUST include Unit # or name, Location of service (city/camp name) and rank.

From Month Year	To Month Year	Name of organization	City/Country (location of service)	Type of organization	Position held (Rank) (if any)

### 4 - POST SECONDARY EDUCATION (attach a separate sheet of paper if necessary)

Print the information requested for each course of post secondary instruction you have completed since secondary school. List ONLY college and university related courses. For details see page 1.

From Month Year	To Month Year	Name of institution (including apprenticeship/training)	Location of training (city and country)	Diploma/Certificate issued	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

### 5 - PARENTS -

#### FATHER

#### MOTHER

Family name		Given name(s)		Family name (before marriage)		Given name(s)	
Date of birth (or age)		City/Country of birth		Date of birth (or age)		City/Country of birth	
Present full address (if deceased, give date of death)				Present full address (if deceased, give date of death)			
City		Country		City		Country	

Applicant's signature:



Date ☐ Day ☐ Month ☐ Year

IPS use only	LOB	R and C sent
--------------	-----	--------------