

Request to Add or Remove Family Member(s)

Personal information you provide to the Alberta Immigrant Nominee Program (AINP), Alberta Labour and Immigration for the AINP is collected under the authorization of Section 33(c) of the Freedom of Information and Protection of Privacy Act and is managed in accordance with Part 2 of the FOIP Act. Your personal information will be used by the AINP for the purpose of administering the AINP including to evaluate eligibility for the program, maintain program integrity, evaluate program effectiveness and support provision of future services from the Government of Alberta. Personal information will not be used or disclosed for any other purpose than stated, without written consent or unless required or authorized to do so by law. If you have any questions about this program, please contact the AINP through the Immigrate to Alberta Information Service at 1-877-427-6419 or by mail to Alberta Immigrant Nominee Program, Suite 940, ATB Place North Tower, 10025 Jasper Avenue, Edmonton, Alberta, Canada, T5J 1S6. Email: immigration.info@gov.ab.ca.

You must inform the AINP of all changes to your family status. To add or remove a family member from your AINP application or Expression of Interest (EOI), complete this form and mail it to the AINP. The AINP's email address can be found on the bottom of page 2 of this form. Family members are your spouse/common-law partner or dependent child. **The AINP will not accept incomplete forms or forms without supporting documents.** If you have already been nominated by Alberta, the AINP will update your file with the change to your family status. However, the AINP will not issue a new Certificate of Nomination or make changes to the one already issued to you. You must also notify Immigration, Refugees and Citizenship Canada of all changes to your family status and comply with any requests they make for additional information.

A. Candidate details		AINP file/EOI number:		<input type="text"/>
Candidate's family name:		Candidate's given name(s):		
Candidate's residential address:		City/Town:		
Province/Territory/State:		Postal code/Zip code:	Country:	
Candidate's mailing address: (if different from above)		City/Town:		
Province/Territory/State:		Postal code/Zip code:	Country:	
Candidate's home phone:	Candidate's work phone:	Candidate's cell phone:	Candidate's fax:	
Candidate's email:		Candidate's date of birth: (mm/dd/yyyy)	Candidate's country of citizenship:	

B. Family members to add or remove

Only list the family members who are not already Canadian citizens or permanent residents of Canada.

Family member	Spouse or common-law partner	Dependent child 1	Dependent child 2
Add or remove (check one only)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Reason to add or remove	<input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Divorce/separation	<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Adoption	<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Adoption
Family name			
Given name(s)			
Date of birth	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

C. Application for permanent residence in Canada – history

Complete this section (section C) only if you have been nominated by the AINP and only if you have submitted an application for permanent residence to Immigration, Refugees and Citizenship Canada (IRCC).

Date application submitted:
(mm/dd/yyyy)

IRCC File Number:

D. Supporting documents

Provide a copy of the document(s) which support(s) the reason for adding/removing your family member(s).

- | | |
|--|---|
| <input type="checkbox"/> Birth – birth certificate | <input type="checkbox"/> Adoption – adoption documents |
| <input type="checkbox"/> Marriage – marriage certificate | <input type="checkbox"/> Common-law – Statutory Declaration of Common-law Union |
| <input type="checkbox"/> Divorce – divorce or legal separation documents | <input type="checkbox"/> Death – death certificate |

E. Declaration

You must sign and date this form

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

Signature of AINP Candidate/Nominee:

Date:
(mm/dd/yyyy)

Email your complete form and supporting documents to the AINP at LBR.PNPOffice@gov.ab.ca.