Citizenship and Immigration Canada | Citoyenneté et Immigration Canada

CANADA

PROTECTED WHEN COMPLETED - B
PROTÉGÉ UNE FOIS REMPLI

IMMIGRATION

BB061 847 656

DETERMINATION OF ELIGIBILITY
OF THE IMMIGRATION ACT AND
REFERRAL UNDER SECTION 46.02
TO THE CONVENTION REFUGEE
DETERMINATION DIVISION OF THE
IMMIGRATION AND REFUGEE BOARD

PURSUANT TO SECTION 45 OF THE
IMMIGRATION ACT, YOU HAVE BEEN
FOUND ELIGIBLE TO HAVE YOUR
CLAIM TO BE A CONVENTION REFUGEE
DETERMINED BY THE CONVENTION
REFUGEE DETERMINATION DIVISION
OF THE IMMIGRATION AND REFUGEE
BOARD.

ACCORDINGLY, PURSUANT TO SECTION 46.02 OF THE IMMIGRATION ACT, YOUR
CLAIM IS HEREBY REFERRED TO THE REFUGEE DIVISION.

THE ABOVE MENTIONED PERSON IS ELIGIBLE FOR BENEFITS UNDER
PROVINCIAL HEALTH PROGRAMS AS DESCRIBED ON THE ATTACHED LIST. ELIGIBILITY WILL
NOT BE REVOKED BEFORE, SHOULD THE HOLDER QUALIFY FOR PRIVATE OR PUBLIC HEALTH COVERAGE.

I, THE UNDERSIGNED, DECLARE THAT I REQUIRE ASSISTANCE FOR MEDICAL CARE AND THAT SHOULD MY
FINANCIAL CIRCUMSTANCES CHANGE OR SHOULD I QUALIFY FOR ANY OTHER FORM OF MEDICAL COVERAGE
I WILL NO LONGER SEEK TO OBTAIN BENEFITS UNDER THE PROGRAMS.

SIGNATURE OF PERSON CONCERNED

SENIOR IMMIGRATION OFFICER

DATE SIGNED: 07 MAR 2001

SURNAME, GIVEN NAMES – *NOM DE FAMILLE, PRÉNOMS*		
ARNOLS, JOHN BRUCE		
BIRTH DATE – *DATE DE NAISSANCE* 28 APR 1950		SEX - *SEXE* MALE
COUNTRY OF BIRTH – *PAYS DE NAISSANCE* U.S.A.	COUNTRY OF CITIZENSHIP – *CITOYEN DE* U.S.A.	
OFFICE FILE NO. – *Nº DE RÉF. DU BUREAU* 5894363869	CLIENT ID – *ID DU CLIENT* 4383 - 8969	
DATE SIGNED – *SIGNÉ LE*	VALID UNTIL – ***DATE D'EXPIRATION*** XXXXXXXXX	EXT. NO. – *CODE PROROG.*

Immigration Canada
Admission:
07 MR 2001
Vancouver E.
Expiration