

GCMS Information Request: Application

Request Identifier: **1A-0000-0000**

Request Date: **2023/07/12**

APPLICATION: **F00000000**

Created Date: **2022/09/29**

Updated Date: **2023/05/23**

Primary Office: **Centralized Intake Office**

Secondary Office: **CPC Mississauga**

App #: **F00000000**

App Status: **Open**

App Status Reason: **In Progress-SPR**

Submission Date:

Rec'd Date: **2022/09/27**

Rec'd Via: **On-line**

Lock-In Date: **2022/09/27**

Category:

Subcategory: **OVS**

NOC Version: **Pre-NOC 2021**

Special Program(s): **PRBIO**

Correspond Lang: **English**

Interview Lang: **English**

Interpreter Required: **No**

Cost Recovery: **Complete**

RPRF: **Complete**

Overpayment: **N**

Loan Warrant #:

Restricted Notes: **N**

Prospective App Delete Date:

Preferred Correspondence Channel: **Online**

Name:

DOB:

of Clients: **2**

of Potential Visas: **1**

Province of Destination: **ON**

City of Destination: **Toronto**

CSQ File #:

FOSS Doc #:

Associated App:

SPONSORSHIP – FAMILY CLASS & REFUGEE

SPR Correspond Lang: **English**

SPR Eligibility: **Referred for Secondary Review**

SPONSORSHIP – FAMILY CLASS

CSC Date:

If Ineligible: **Continue**

Misrepresentation:

Family Size: **2**

SA's Met For:

HC-CDA

Triage:

REFUGEE

GCMS Information Request: Application

Request Identifier: **1A-0000-0000**

Request Date: **2023/07/12**

Processing Priority:
Financial Support:
Access Via:
Referral/MICC#:

ECONOMIC
ESDC File #:
Available Funds (CAD):
Net Worth (CAD):
Sub Eval:
Facilitator:
LCP Start Date:

MINISTERIAL INSTRUCTION

Type:
Criteria:
Status:

PNC INFORMATION

PNC #:
Valid To:
Province of Interest:

ASSESSMENTS

Eligibility:
Security:
HIRV:
Criminality: **Passed**
Org Crime:
Medical: **Not Started**
Misrepresentation:
Info Sharing: **In Progress**
Other Reqs:
Final:

MINISTERIAL INSTRUCTION

MINISTERIAL INSTRUCTION: 0

SPECIAL PROGRAM

SPECIAL PROGRAM: **1**
Created Date:
Updated Date:
Primary: **Y**
Special Program:
Description:

CLIENT DETAILS

CLIENT DETAILS: **1**
Created Date: **2020/04/21**
Updated Date: **2023/04/06**

GCMS Information Request: Application

Request Identifier: **1A-0000-00000**

Request Date: **2023/07/12**

UCI/Party ID:
Client/Party: **SPR**
Relationship: **Spouse**
Other Relationship Descrip:
Acc: **N/A**
Name:
Gender: **Male**
DOB:
DEP Type:
DEP Type Other Desc:
Effective Date:
Expiry Date:
Disassoc Reason:
Other Disassoc Descrip:
Counterfoil Required: **N**
Security:
HIRV:
Criminality:
Org Crime:
Medical:
Misrepresentation:
Info Sharing:
Min Relief - Security:
Security Min Relief Date:
Security Date:
Min Relief - HIRV:
HIRV Min Relief Date:
HIRV Date:
Min Relief - Org Crime:
Org Crime Min Relief Date:
Org Crime Date:
Citizenship: **India**
CoR: **India**
Place of Birth (City/Town):
Country of Birth: **India**
DEP Type:
DEP Type Other Desc:
Marital Status: **Married**
Country of Refuge:
Undertaking Length (months):
Travel Doc #:
Travel Doc Expiry Date:
Travel Doc Country of Issue: **India**
SIN:
Official Language:
Can Communicate in English:
Can Communicate in French:
Official Language Proficiency Test:
of Years of Education:
Level of Education:
NOC:
Occupation:

GCMS Information Request: Application

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Request Date: **2023/07/12**

BIOMETRICS:

IRCC #:

Assessment:

Other Description:

Info:

Review:

CSQ INFORMATION

Individual Ref #:

Issuance Date:

Valid To:

ADDRESS

Type: **Mailing**

Country: **India**

Apt/Unit #:

Street #:

Street Address:

Street Address 2:

PO Box:

City/Town:

Province/State:

District:

Postal Code:

Telephone #:

Fax #:

E-mail:

CLIENT DETAILS: 2

Created Date: **2020/10/07**

Updated Date: **2023/04/06**

UCI/Party ID:

Client/Party: **PA**

Relationship:

Other Relationship Descrip:

Acc: **N/A**

Name:

Gender: **Female**

DOB:

DEP Type:

DEP Type Other Desc:

Effective Date:

Expiry Date:

Disassoc Reason:

Other Disassoc Descrip:

Counterfoil Required: **Y**

Security:

HIRV:

Criminality: **Passed - Bio**

Org Crime:

Medical: **Not Started**

Misrepresentation:

Info Sharing: **In Progress**

GCMS Information Request: Application

Request Identifier: **1A-0000-00000**

Request Date: **2023/07/12**

Min Relief - Security:
Security Min Relief Date:
Security Date:
Min Relief - HIRV:
HIRV Min Relief Date:
HIRV Date:
Min Relief - Org Crime:
Org Crime Min Relief Date:
Org Crime Date:
Citizenship: **India**
CoR: **India**
Place of Birth (City/Town):
Country of Birth: **India**
DEP Type:
DEP Type Other Desc:
Marital Status: **Married**
Country of Refuge:
Undertaking Length (months):
Travel Doc #:
Travel Doc Expiry Date:
Travel Doc Country of Issue: **India**
SIN:
Official Language: **English**
Can Communicate in English: **Yes**
Can Communicate in French: **No**
Official Language Proficiency Test: **No**
of Years of Education: **19**
Level of Education: **Master's Degree**
NOC:
Occupation: **New Worker**

BIOMETRICS:
IRCC #:
Assessment: **Complete**
Other Description:
Info: **Received - NRT**
Review:

CSQ INFORMATION

Individual Ref #:
Issuance Date:
Valid To:

ADDRESS

Type: **Mailing**
Country: **India**
Apt/Unit #:
Street #:
Street Address:
Street Address 2:
PO Box:
City/Town:
Province/State:

GCMS Information Request: Application

Request Identifier: **1A-0000-0000**

Request Date: **2023/07/12**

District:
Postal Code:
Telephone #:
Fax #:
E-mail:

PARTY DETAILS

PARTY DETAILS: **0**

ADMISSIBILITIES

SECURITY

SECURITY: **0**

HIRV

HIRV: **0**

CRIMINALITY

CRIMINALITY: **1**

Created Date:

Updated Date:

UCI #:

Family Name:

Given Name:

Type: **Criminality**

Status: **Passed - Bio**

Validity Date:

Status Updated Date:

Due Date:

ATTACHMENTS

ATTACHMENTS: **0**

CRIMINALITY HISTORY

CRIMINALITY HISTORY: **0**

POLICE CERTIFICATES

POLICE CERTIFICATES: **0**

SUB ACTIVITIES

SUB ACTIVITIES: **1**

Created Date:

Updated Date:

UCI #:

Family Name:

Given Name: Type: **Biometrics - RCMP**

Country:

Status: **Received - NRT**

Validity Date:



PROTECTED "B" / PROTÉGÉ "B"

GCMS Information Request: Application

Request Identifier: **1A-0000-00000**

Request Date: **2023/07/12**

Status Updated Date:

Due Date:

BIOMETRICS

Previous Result:

RCMP Purge:

Biometrics #:

Biometrics Review:

ENROLMENT

IRCC #:

Biometrics #:

Location:

Name:

Country: **India**

Code:

Type: **VAC**

Date: **04/05/2022 03:44:18**

By:

FINGERPRINT EXCEPTIONS: 0

Fingerprint Quality: **Good**

UCI/FOSS ID:

Photo: **Y**

RCMP RESULTS:

New IID: **Y**

IID:

Ref #:

New FPS #: **N**

FPS #:

UCI/FOSS ID:

RCMP #:

NAME(S): 1

Name:

DOB:

Gender: **Female**

Country of Birth: **India**

Source:

NAME(S): 2

Name:

DOB:

Gender: **Female**

Country of Birth: **Unknown**

Source:

Narrative:

GCMS Information Request: Application

Request Identifier: **1A-0000-00000**

Request Date: **2023/07/12**

Search Date: **04/05/2022**

FBI RESULTS:

FBI #:

NAME(S): 0

Narrative:

Search Date:

INTERNATIONAL RESULTS:

Reference #:

Narrative:

PURGE:

Status Updated Date:

ORGANIZED CRIME

ORGANIZED CRIME: **0**

MEDICAL

MEDICAL: **1**

Created Date: **2022/12/21**

Updated Date: **2022/12/21**

UCI:

Family Name:

Given Name:

Type: **Medical**

Status: **Not Started**

Validity Date:

Status Updated Date: **2022/12/21**

Due Date: **2023/12/21**

IME #:

UMI:

Assessed For:

IME Status:

IME Status Reason:

RMO:

M Profile:

Description:

S Profile:

Description:

MOF Rationale Exists:

MOF Review:

Valid Until:

IMM Type:

UMI Type:

Expected Date of Delivery:

GCMS Information Request: Application

Request Identifier: **1A-0000-0000**

Request Date: **2023/07/12**

MISREPRESENTATION

MISREPRESENTATION: **0**

MINISTERIAL RELIEF

MINISTERIAL RELIEF: **0**

INFO SHARING

INFO SHARING: **1**

Created Date: **2022/12/21**

Updated Date: **2022/12/21**

UCI #:

Family Name:

Given Name(s):

Client/Party: **PA**

Relationship:

Type: **Biometric - FCC Detail**

Partner: **USA**

Status: **Ready to be Assessed**

Validity Date:

Status Updated Date: **2022/12/21**

Due Date: **2022/12/22**

Correction Ref #:

Correction Date:

Urgent: **N**

MATCHED RECORDS

MATCHED RECORD: **0**

REQUEST INFO

Family Name:

Given Name(s):

DOB:

Visa #:

Travel Doc #:

Travel Doc Country of Issue:

RESPONSE INFO

Doc Validity:

Doc Status:

Match Type:

ATTACHMENTS

ATTACHMENTS: **0**

INFO SHARING: **2**

Created Date: **2022/12/21**

Updated Date: **2022/12/21**

UCI #:

Family Name:

Given Name(s):

Client/Party: **PA**

Relationship:

GCMS Information Request: Application

Request Identifier: **1A-0000-0000**

Request Date: **2023/07/12**

Type: **Biometric - FCC**

Partner: **NZL**

Status: **NRT**

Validity Date:

Status Updated Date:

Due Date:

Correction Date:

Urgent: **N**

MATCHED RECORDS

MATCHED RECORD: 0

REQUEST INFO

Family Name:

Given Name(s):

DOB:

Visa #:

Travel Doc #:

Travel Doc Country of Issue:

RESPONSE INFO

Doc Validity:

Doc Status:

Match Type:

ATTACHMENTS

ATTACHMENTS: 0

INFO SHARING: 3

Created Date: **2022/12/21**

Updated Date: **2022/12/21**

UCI #:

Family Name:

Given Name(s):

Client/Party: **PA**

Relationship:

Type: **Biometric - FCC**

Partner: **AUS**

Status: **NRT**

Validity Date:

Status Updated Date

Due Date:

Correction Ref #:

Correction Date:

Urgent: **N**

MATCHED RECORDS

MATCHED RECORD: 0

REQUEST INFO

Family Name:

Given Name(s):

DOB:

GCMS Information Request: Application

Request Identifier: **1A-0000-0000**

Request Date: **2023/07/12**

Visa #:
Travel Doc #:
Travel Doc Country of Issue:

RESPONSE INFO

Doc Validity:

Doc Status:

Match Type:

ATTACHMENTS

ATTACHMENTS: 0

INFO SHARING: 4

Created Date: **2022/12/21**

Updated Date: **2022/12/21**

UCI #:

Family Name:

Given Name(s):

Client/Party: **PA**

Relationship:

Type: **Biometric - FCC**

Partner: **USA**

Status: **Complete - Not Reviewed**

Validity Date:

Status Updated Date: **2022/12/21**

Due Date: **2022/12/22**

Correction Ref #:

Correction Date:

Urgent: **N**

MATCHED RECORDS

MATCHED RECORD: 0

REQUEST INFO

Family Name:

Given Name(s):

DOB:

Visa #:

Travel Doc #:

Travel Doc Country of Issue:

RESPONSE INFO

Doc Validity:

Doc Status:

Match Type:

ATTACHMENTS

ATTACHMENTS: 0

INFO SHARING: 5

Created Date: **2022/12/21**

Updated Date: **2022/12/21**

UCI #:

Family Name:

Given Name(s):

GCMS Information Request: Application

Request Identifier: **1A-0000-0000**

Request Date: **2023/07/12**

Client/Party: **PA**
Relationship:
Type: **Biographic**
Partner: **USA**
Status: **NRT**
Validity Date:
Status Updated Date: **2022/12/21**
Due Date: **2023/01/20**
Correction Ref #:
Correction Date:
Urgent: **N**

MATCHED RECORDS
MATCHED RECORD: 0

REQUEST INFO
Family Name:
Given Name(s):
DOB:
Visa #:
Travel Doc #:
Travel Doc Country of Issue:

RESPONSE INFO
Doc Validity:
Doc Status:
Match Type:

ATTACHMENTS
ATTACHMENTS: 0

FINALIZE APPLICATION

DOCUMENT ISSUANCE
DOCUMENT ISSUANCE: 0

REFUSAL GROUNDS
REFUSAL GROUNDS: 0

APPEALS AND LITIGATION IAD

IAD
IMMIGRATION APPEALS DIVISION: 0

LITIGATION
LITIGATION: 0

OTHER REQS

H&C
H&C: 0

GCMS Information Request: Application

Request Identifier: 1A-0000-0000

Request Date: 2023/07/12

A39/A41

A39/A41: 0

VERIFICATION

VERIFICATION: 0

EVENTS

EVENTS: 0

NOTES

NOTES: 1

Created Date: 2023/05/23

Updated Date: 2023/05/23

Restricted: N

Label: **General**

Office: **Centralized Intake Office**

Text: **Request sent for additional documents from sponsor. File Pending.**

NOTES: 2

Created Date: 2023/04/12

Updated Date: 2023/04/12

Restricted: N

Label: **General**

Office: **Centralized Intake Office**

Text: **PC request has been sent via online today.**

NOTES: 3

Created Date: 2023/04/12

Updated Date: 2023/04/12

Restricted: N

Label: **General**

Office: **Centralized Intake Office**

Text: **Sponsor Eligibility: In progress.**

Case referred for secondary review.

GCMS Check: No relevant/material information found.

Correct fees received and allocated.

Client will be advised via decision letter from CIO that: An original Upfront Medical Report form (IMM1017B UPFRONT) signed by a Panel Physician or an E-Medical Up-front Medical Notification information sheet has not been provided. Your relative(s) must complete the medical and once completed forward this information directly to the visa office noted above along with a copy of this letter. Your application has been transferred to the visa office noting this deficiency. Your relative must also forward the medical information directly to the visa office to allow continued processing of his/her application. Failure to do so will result in delays and possible refusal of your relative's application.

SPR is PR residing abroad - ineligible to sponsor.

SPR landed on 2022/07/12 as a SW1

SPR has submitted the following documents as proof of relationship:

-Marriage certificate

GCMS Information Request: Application

Request Identifier: 1A-0000-0000

Request Date: 2023/07/12

R.11 based on: temporary processing office - CPC-M

SPR married to PA on .

Application locked in on .

NOTES: 4

Created Date: 2023/04/06

Updated Date: 2023/04/06

Restricted: N

Label: **General**

Office: **Centralized Intake Office**

Text: **Client has submitted a 2nd application {F00000000} dated { } which has been deemed a duplicate application and has been cancelled and returned to the client.**

NOTES: 5

Created Date: 2023/03/15

Updated Date: 2023/03/15

Restricted: N

Label: **Client Enquiry**

Office: **Centralized Intake Office**

Text: **Enquiry received via GCMS (Provided Report) via Webform - Client provided Rejection letter from previous application. See incoming correspondence for review. No response provided.**

NOTES: 6

Created Date: 2022/12/21

Updated Date: 2022/12/21

Restricted: N

Label: **General**

Office: **Centralized Intake Office**

Text: **Under special COVID-19 measures, the applicant is exempt from providing a new biometric enrolment.**

NOTES: 7

Created Date: 2022/12/21

Updated Date: 2022/12/21

Restricted: N

Label: **General**

Office: **Centralized Intake Office**

Text: **DATA ENTRY COMPLETE**

Principal Applicant Application Promoted: Existing UCI

Sponsor Promoted: Existing UCI

NOTES: 8

Created Date: 2022/12/21

Updated Date: 2022/12/21

Restricted: N

Label: **General**

Office: **Centralized Intake Office**

Text: **Name on Application changed:**

Old Value(s):

GCMS Information Request: Application

Request Identifier: 1A-0000-00000

Request Date: 2023/07/12

New Value(s):

NOTES: 9

Created Date: 2022/12/21

Updated Date: 2022/12/21

Restricted: N

Label: General

Office: Centralized Intake Office

Text: Name on Application changed:

Old Value(s):

New Value(s):

NOTES: 10

Created Date: 2022/12/20

Updated Date: 2022/12/20

Restricted: N

Label: General

Office: Centralized Intake Office

Text: REVIEW TYPE: Program Assistant

APPLICATION #:XF00000000

I have reviewed this application based upon the documents submitted by the applicant and the information contained in the file and note the following:

Sponsorship Category: FC1

SPR [Stat Questions 1344]

Client Fees: Verified

Principal Applicant

----POLICE CERTIFICATE----

India Provided

No Dependents listed on Additional Family

Portal Email:

Timestamp: 2022/09/27 08:13 (UTC)

NOTES: 11

Created Date: 2022/09/29

Updated Date: 2022/09/29

Restricted: N

Label: General

Office: GCMS-System

Text: