



2170 Itabashi Way, Burlington ON L7M 5B3
 P: 905.634.3052 F: 905.634.9382
 E:trinity@tconline.ca

References

Applicant's Name:

Provide the following information with respect to **two (2)** persons who are not your relatives and who have known you for at least **two (2)** years. These references may be contacted.

1. Surname (last name)		Given name(s)	
Relationship:	Address (<i>Number, Street, Apartment, City, Province/Territory/State, Country</i>)		
Daytime phone number	Evening phone number	Cell number or email address (optional)	Has known me for State number of years
2. Surname (last name)		Given name(s)	
Relationship:	Address (<i>Number, Street, Apartment, City, Province/Territory/State, Country</i>)		
Daytime phone number	Evening phone number	Cell number or email address (optional)	Has known me for State number of years

Declaration of Applicant

DECLARATION-I solemnly declare that the statements made in the application are true.

Signature of Applicant	Signed at (City)	Date (yyyy/mm/dd)
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