



For office use only
Received on:

Application for an Extension of Time to File or Perfect an Appeal

Subsection 159.91(2) of the *Immigration and Refugee Protection Regulations*

Rules 6 and 37 of the *Refugee Appeal Division Rules*

Select one of the following:

Application for an extension of time **to file and perfect** an appeal:

➤ Refugee Protection Division (RPD) decision: _____

Date of the notice of decision (yyyy/mm/dd) Date RPD reasons received (yyyy/mm/dd)

Important: Attach three copies of the Notice of Appeal and two copies of the Appellant's Record. Provide any evidence in support of this application in an original affidavit or statutory declaration.

Application for an extension of time **to perfect** an appeal:

➤ Refugee Appeal Division (RAD) file no.: _____

Important: Attach two copies of the Appellant's Record. Provide any evidence in support of this application in an original affidavit or statutory declaration.

Appellant	RPD file no.	Signature of appellant/ designated representative	Language chosen for appeal	Representative designated by RPD	RAD file no. (for office use)
_____ LAST NAME, first name, middle name(s) _____ Date of birth _____ Country of nationality/Country of citizenship	Unique client identifier	Date signed (yyyy/mm/dd)	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> None <input type="checkbox"/> Yes. Provide information on page 3.	
_____ LAST NAME, first name, middle name(s) _____ Date of birth _____ Country of nationality/Country of citizenship	Unique client identifier	Date signed (yyyy/mm/dd)	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> None <input type="checkbox"/> Yes. Provide information on page 3.	
_____ LAST NAME, first name, middle name(s) _____ Date of birth _____ Country of nationality/Country of citizenship	Unique client identifier	Date signed (yyyy/mm/dd)	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> None <input type="checkbox"/> Yes. Provide information on page 3.	
_____ LAST NAME, first name, middle name(s) _____ Date of birth _____ Country of nationality/Country of citizenship	Unique client identifier	Date signed (yyyy/mm/dd)	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> None <input type="checkbox"/> Yes. Provide information on page 3.	

NOTE: For reasons of fairness and natural justice, the RAD may extend the time limit to file or perfect an appeal.

Provide the detailed reasons for which you require the extension of time on the lines below. You may attach additional sheets of paper the same size as this form if needed as well as documents to support your request.

Address of appellant

No. and street		Apt. no.	City	Province	Postal code
() Area code	Home telephone	() Area code	Work telephone	() Area code	Home fax
() Area code		() Area code	Home fax	() Area code	Work fax

Counsel contact information

Name (Mr./Ms)		Law firm or company			
No. and street		Apt. no.	City	Province	Postal code
() Area code	Telephone no.	() Area code	Fax no.	Electronic mail address	Membership no.
<input type="checkbox"/> Lawyer / Paralegal / Notary : _____ <div style="text-align: center;">Province</div> <input type="checkbox"/> Immigration Consultants of Canada Regulatory Council (ICCRC)					
<input type="checkbox"/> Family member or other person helping with this appeal: (Please complete the <i>Notice of representation without a fee or other consideration</i> and provide it to the RAD with these documents.)					
Limitation on retainer: _____					
<p>Note: The <i>Immigration and Refugee Protection Act</i> makes it an offence for any person not authorized under the Act to knowingly, directly or indirectly, represent or advise a person for consideration – or offer to do so – in connection with a proceeding under this Act. (Consideration includes money, or any other form of compensation or reward.)</p>					
I have been retained to represent the appellant(s) named above for their appeal before the RAD.					
_____ Signature of counsel			_____ Date (yyyy/mm/dd)		

Designated representative information
(if one was designated by RPD)

Name (Mr./Ms)		Relationship (if applicable)		Organization or company (if applicable)	
No. and street		Apt. no.	City	Province	Postal code
() Area code	Telephone no.	() Area code	Fax no.	Electronic mail address	

Interpreter's declaration

I, (print full name clearly) _____, hereby declare that I have accurately interpreted the entire content of this form to the appellant(s) from the English to the _____ language (state dialect if applicable). I am proficient in both these languages (and dialect, if any) and was able to communicate fully with the appellant(s). The appellant(s) indicated that he/she/they fully understand(s) the entire content of this form as interpreted by me.

Signature of interpreter

Date (yyyy/mm/dd)