			For official use onl	y
		Receipt no.		
		UCI Number		
		OGITATING		
	APPLICATION TO	Claim: (Section of Act)	<u> </u>	
	RENOUNCE CANADIAN			
	CITIZENSHIP	Certificate no.		
		Return original		
	Under subsection 9(1)	document(s) Signature	Date (YYYY-MM-DD)	
		olgitature	Date (1111-IMINI-DD)	
		Notify:		
		1		
	ore you start, read the instructions ase PRINT in ink or TYPE	Send certificate to:		
1	I want service in English OR French	P.lease che	ck One	
^	Provide your Unique Client Identifier (UCI) if you have one:			
2				
3	Tell us about yourself: (enter details exactly as it appears o	n your citizenship certificate	e or birth certificate)	
1	Surname/Last name		Given name(s)	
	Petkov		Kiril	
	List any other names (include current or former married na	me(s), aliases and nicknam	nes). These names will not appear on your	renunciation certificate.
	Data of high AAAAA ABA DD)			
	Date of birth (YYYY-MM-DD) Place of birth 1980-04-17 Ploydiv Bulgar	ia		
	Country of birth or territory		Specify if not on the list	
	Other	1.	Bulgaria	
	Gender ► Female ✓ M Male	X Another gender		
	Height 182 cm OR ft in	Natural eye colour	Brown	
Contiguos				
4	Are you requesting a change to the personal details you ha	ve provided in question 3?	No - skip to section 5 ✓ Yes	
	If yes, please specify			
	I want a different name than the name on my citizen required supporting documentation)	nship or birth certificate t	o appear on my renunciation certificate	(please consult the instruction guide for
	Requested Given name(s)		Requested Surname/Last name	
			Todasolog Salitation Last Tallio	
	want a different date of high than the date of high	on my olding bl bl-	h and Black and a second	
	I want a different date of birth than the date of birth required supporting documentation)	on my cruzenship or birt	n ceruncate on my renunciation certifica	ate (please consult the instruction guide for
	New Date of birth (YYYY-MM-DD)			

3 /	APPOINTMENT OF A REPRESENTATIVE
	The you appealing an marketan, more significant and a significant
. 1	f yes, the Use of a Representative form (IMM 5476) must be completed and included with your application.
ľ	Note: A representative can be paid or not. If representative is paid, they must be a member in good standing of: a law society of a province of territory, the Chambre des notaires du Quebec, or the immigration Consultants of Canada Regulatory Council (ICCRC)
4	SIGNATURE OF APPLICANT (check each of the following:)
-	I agree to advise Immigration, Refugees and Citizenship Canada (IRCC) if any information on this form changes before the processing of my application is complete. I understand the content of this form and the significance of renouncing my Canadian citizenship. I declare that the information provided is true, correct and complete, and that the photograph enclosed is a true likeness of me. I understand that if I, or someone on my behalf, make a false representation, commit fraud or conceal any material circumstances relevant to my application, my application could be denied, my certificate of retunctation could be taken away, and I could be charged with an offence as provided for under the Citizenship Act or the Criminal Code.
B	l understand the content of this form.
Vic.	advise Immigration, Refugees and Citizenship Canada (IRCC) if any information on this form changes before the processing of my application is complete.
1	understand the significance of renouncing my Canadian citizenship and that, if approved, I will lose all the rights and privileges of being a Canadian citizen and I will not consider have status in Canada.
_	I declare that the information provided is true, correct and complete, and that the photograph enclosed is a true likeness of me.
	Criminal Code.
	I confirm that I wish to renounce my Canadian citizenship for the following reasons: I want to renounce my Canadian citizenship because there is a high likelihood to be appointed as a Minister.
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	I want to renounce my Canadian citizenship for the following reasons: I want to renounce my Canadian citizenship because there is a high likelihood to be appointed as a Minister. Date (YYYY-MM-DD)
	I want to renounce my Canadian citizenship for the following reasons: I want to renounce my Canadian citizenship because there is a high likelihood to be appointed as a Minister. Date (YYYY-MM-DD)
A.	I want to renounce my Canadian citizenship for the following reasons: I want to renounce my Canadian citizenship because there is a high likelihood to be appointed as a Minister. Signature of APPLICANT Date (YYYY-MM-DD) Place Sofia Bulgaria 2021-04-21
T.	I want to renounce my Canadian citizenship for the following reasons: I want to renounce my Canadian citizenship because there is a high likelihood to be appointed as a Minister. Signature of APPLICANT Date (YYYY-MM-DD) Place Sofia Bulgaria 2021-04-21 REMEMBER:
R.	I want to renounce my Canadian citizenship because there is a high likelihood to be appointed as a Minister. Signature of APPLICANT REMEMBER: If you are sending more than one application, send all of them together in one envelope.
	I want to renounce my Canadian citizenship for the following reasons: I want to renounce my Canadian citizenship because there is a high likelihood to be appointed as a Minister. Signature of APPLICANT Date (YYYY-MM-DD)
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	I want to renounce my Canadian citizenship because there is a high likelihood to be appointed as a Minister. Signature of APPLICANT REMEMBER: If you are sending more than one application, send all of them together in one envelope. The applications will be processed together. Place Sofia Bulgaria REMEMBER: The applications will be processed together.



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Government

Gouvernement du Canada

Official Receipt - Reçu officiel

R456661139

WWW.CANADA.CA



AMOUNT - MONTANT :

ORDER - COMMANDE :

ONLINE - IRCC - EN LIGNE

\$100.00 CAD

Online Payment - Paiement en ligne

CARD NUMBER - NUMÉRO DE LA CARTE :

EXPIRY DATE - DATE D'EXPIRATION :

Visa CARD TYPE - TYPE DE CARTE :

1-888-242-2100 Hours (local time) Heures (heure locale): 08:00 - 16:00

R456661139 RECEIPT NUMBER - NUMÉRO DU RECU:

DATE OF PAYMENT - DATE DU PAIEMENT : 2021-04-21 05:15:19 EDT/HAE

CARDHOLDER - TITULAIRE DE CARTE : KIRIL PETKOV

AUTHORIZATION CODE - CODE D'AUTORISATION : 808231

REFERENCE NUMBER - NUMÉRO DE RÉFÉRENCE : 663252180010206310

ISO CODE - CODE ISO :

TRANSACTION TYPE - TYPE DE TRANSACTION : purchase

RESP CODE MESSAGE - MESSAGE DE CODE DE RÉPONSE: 027 APPROVED

REFUND POLICY - POLITIQUE DE REMBOURSEMENT

Unless otherwise specified, fees paid will not be refunded for an application in process by IRCC, or approved or 👾 efused by IRCC. In the event of a refund, IRCC complies with the Financial Administration Act (FAA) which stipulates that the money must be returned or repaid to the person who performed the payment.

À moins d'indication contraire, les frais payés ne sont pas remboursables pour une demande en traitement par IRCC, ∕ошapprouvée ou refusée par IRCC. Dans le cas d'un remboursement, IRCC se conforme à la Loi sur la gestion des finances publiques (LGFP) qui stipule que les frais doivent être restitués à la personne qui a effectué le paiement.

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