

U.S. VISA APPOINTMENT

IMMIGROUP ORDER FORM

INSTRUCTIONS

Read all instructions and follow carefully

1. Please complete your U.S. visa application and make copies of your valid passport and Canadian status document (i.e. PR card, work permit etc.).
2. Send us your U.S. visa application, a copy of the identity page in your passport, a copy of your Canadian status document and this order form by:
FAX: 416-640-2650 or **EMAIL: usvisa@immigroup.com**
If you prefer, you may bring the forms to our head office in Toronto at **1180 Danforth Ave. Toronto, ON. M4J 1M3.**
3. We will obtain a U.S. visa appointment for you that will be within 8-10 weeks from the time of your application. Your appointment will be at the U.S. consulate that is closest to you from the following list:
CALGARY, HALIFAX, MONTREAL, OTTAWA, QUEBEC CITY, TORONTO, VANCOUVER.
If you require an appointment earlier than 8-10 weeks from now, you must call our office at 1-866-760-2623 for up-to-date timelines and fees.
4. Once we have obtained a U.S. visa appointment for you, we will contact you by phone and email with your appointment date and further instructions. Part of this process is paying the U.S. government fee of \$131 USD to your nearest Scotiabank. We will provide you with deposit slips and instructions.
5. After your appointment has been obtained we will prepare you for your appointment and advise you of all the documents you must bring. We can help you complete your DS-156 and DS-157 forms over the phone or in person at our head office in Toronto.

WE GUARANTEE THAT WE WILL BOOK YOU A U.S. VISA APPOINTMENT BUT WE DO NOT GUARANTEE THAT YOU WILL BE ISSUED A VISA.

DOCUMENT CHECKLIST

Include the following documents with your U.S. visa application

- U.S. VISA APPLICATION FORM (Duly completed and signed)**
- COPY OF THE IDENTITY PAGE IN YOUR PASSPORT (Passport MUST be valid for at least 6 months after the date you plan to return to Canada)**
- COPY OF YOUR CANADIAN STATUS DOCUMENT (i.e. Permanent Resident card, work or study permit, tourist visa etc.)**
- IMMIGROUP ORDER FORM**

APPLICATIONS MISSING THIS ORDER FORM WILL NOT BE PROCESSED.

IMMIGROUP CONTACT INFORMATION

Address: 1180 Danforth Ave.
Toronto, ON. M4J 1M3

Phone: 1-866-760-2623 / 416-962-2623

Fax: 416-640-2650

Email: usvisa@immigroup.com

Web: www.immigroup.com

A REGULAR U.S. VISA APPOINTMENT WILL BE WITHIN 8-10 WEEKS. IF YOU REQUIRE AN APPOINTMENT EARLIER THAN THAT YOU MUST CALL OUR OFFICE AT 1-866-760-2623.

IMMIGROUP FEE: \$225 CDN + 5% GST

(Principal Applicant)

= \$236.25

IMMIGROUP FEE: \$25 CDN + 5% GST

(Additional Dependents)

= \$26.25 (each)

*Dependents include spouses, siblings, parents and children.

CREDIT CARD INFORMATION

Cardholder Authorization: By signing below, I authorize Immigroup to charge my credit card \$225 + tax for the first applicant, and \$25 + tax for each additional dependant to obtain a U.S. visa appointment. By signing I also agree to the cancellation policy as outlined in the 'Disclaimer & Cancellation Policy' on this form.

We accept Visa, Mastercard, American Express and bank drafts (call for this option)

Cardholder Name

Card Number

Expiry Date C V V Code

Cardholder Signature

DISCLAIMER & CANCELLATION POLICY

Applicant must sign below

*By signing below I assert that I have read and agreed to the terms and conditions as listed on <http://www.immigroup.com/disclaimer.php> and agree to all of the following conditions:

*We are NOT the U.S. government: we are a private company that will assist you by booking you a U.S. visa appointment

*Immigroup Inc does not guarantee that you will be issued a U.S. visa

*If you choose to cancel the service BEFORE we have obtained an appointment for you, you will be charged a \$42.50 cancellation fee

*All fees are non-refundable once we have obtained an appointment for you

*I agree to being charged the total fees corresponding with my required service and agree to the cancellation charges listed above

Applicant Signature

DEPENDENTS

Please complete this form if you are attending your U.S. visa appointment with dependents.

First Dependent Please enter information as it appears in your passport.

First Name	<input type="text"/>	Last Name	<input type="text"/>
Passport	<input type="text"/>	Nationality	<input type="text"/>
Birth Date (DD/MM/YY)	<input type="text"/>	Relationship to Applicant	<input type="text"/>

Second Dependent Please enter information as it appears in your passport.

First Name	<input type="text"/>	Last Name	<input type="text"/>
Passport	<input type="text"/>	Nationality	<input type="text"/>
Birth Date (DD/MM/YY)	<input type="text"/>	Relationship to Applicant	<input type="text"/>

Third Dependent Please enter information as it appears in your passport.

First Name	<input type="text"/>	Last Name	<input type="text"/>
Passport	<input type="text"/>	Nationality	<input type="text"/>
Birth Date (DD/MM/YY)	<input type="text"/>	Relationship to Applicant	<input type="text"/>

Fourth Dependent Please enter information as it appears in your passport.

First Name	<input type="text"/>	Last Name	<input type="text"/>
Passport	<input type="text"/>	Nationality	<input type="text"/>
Birth Date (DD/MM/YY)	<input type="text"/>	Relationship to Applicant	<input type="text"/>

Fifth Dependent Please enter information as it appears in your passport.

First Name	<input type="text"/>	Last Name	<input type="text"/>
Passport	<input type="text"/>	Nationality	<input type="text"/>
Birth Date (DD/MM/YY)	<input type="text"/>	Relationship to Applicant	<input type="text"/>



SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION

**PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM
PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS**

1. Last Name(s) <i>(List all Spellings)</i>	2. First Name(s) <i>(List all Spellings)</i>	3. Full Name <i>(In Native Alphabet)</i>
4. Clan or Tribe Name <i>(If Applicable)</i>		5. Spouse's Full Name <i>(If Married)</i>
6. Father's Full Name		7. Mother's Full Name
8. Full Name and Address of Contact Person or Organization in the United States <i>(Include Telephone Number)</i>		
9. List All Countries You have Entered in the Last Ten Years <i>(Give the Year of Each Visit)</i>	10. List All Countries That Have Ever Issued You a Passport	11. Have You Ever Lost a Passport or Had One Stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Not Including Current Employer, List Your Last Two Employers		
<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
<u>Job Title</u>	<u>Supervisor's Name</u>	<u>Dates of Employment</u>
13. List all Professional, Social and Charitable Organizations to Which You Belong (Belonged) or Contribute (Contributed) or with Which You Work (Have Worked).	14. Do You Have Any Specialized Skills or Training, Including Firearms, Explosives, Nuclear, Biological, or Chemical Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain	
15. Have You Ever Performed Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Name of Country, Branch of Service, Rank/Position, Military Specialty, and Dates of Service.		
16. Have You Ever Been in an Armed Conflict, Either as a Participant or Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain.		
17. List All Educational Institutions You Attend or Have Attended. Include Vocational Institutions But Not Elementary Schools.		
<u>Name of Institution</u>	<u>Address/Telephone No.</u>	<u>Course of Study</u>
		<u>Dates of Attendance</u>
18. Have You Made Specific Travel Arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide a complete itinerary for your travel, including arrival/departure dates, flight information, specific location you will visit, and a point of contact at each location.		

Paperwork Reduction Act Statement

***Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State, A/RPS/DIR, Washington, DC 20520.**