

CAIPS* FILECHECK IMMIGROUP ORDER FORM

INSTRUCTIONS

Read all instructions and follow carefully

1. Please complete one(1) CAIPS application form per person.
2. Complete this order form in full, ensuring you have included all the requirements on the CAIPS package checklist.
3. Send your entire completed package using one of the following methods:

FAX application package to **416-640-2650** OR
SCAN AND EMAIL your entire application to info@immigroup.com
with the subject line: [Name of Applicant] CAIPS FILECHECK Application. OR
MAIL/DROP OFF your entire application package to our head office at:

2558 Danforth Avenue, Suite 202, Toronto, ON, M4C1L3

CAIPS PACKAGE CHECKLIST

Include the following in your CAIPS FILECHECK package:

- IMMIGROUP ORDER FORM**
Applications submitted without this form will not be processed
- CAIPS APPLICATION FORM**
Completed and signed
- USE OF REPRESENTATIVE FORM**
Applications submitted without this signed form will not be processed

ADDITIONAL INFORMATION

*Sending incomplete forms and information will delay processing.

*CAIPS file notes will be sent to your email.

*CAIPS - COMPUTER ASSISTED IMMIGRATION PROCESSING SYSTEM

SERVICE OPTIONS

BASIC SERVICE

\$49.07

\$39.00 service fee
\$5.07 H.S.T.(Harmonized Sales Tax)
\$5.00 Government fee

*File notes only, interpretation will not be provided.

AVERAGE PROCESSING TIME: 4-5 WEEKS

PREMIUM SERVICE

\$89.75

\$75.00 service fee
\$9.75 H.S.T.(Harmonized Sales Tax)
\$5.00 Government fee

*File notes will be fully explained by one of our Immigroup specialists.

AVERAGE PROCESSING TIME: 4-5 WEEKS

CREDIT CARD INFORMATION

By signing below I authorize Immigroup to charge the applicable service fees to the credit card I have provided.

We accept the following methods of payment: Visa, Mastercard, Amex ,bank drafts and direct deposit(contact our office for this method)

Cardholder name:

Card number:

Expiry Date(mm/y): CVV code:

What is the CVV code? www.sti.nasa.gov/cvv

Cardholder signature:

DISCLAIMER

By signing below applicant agrees to all of the following conditions:

*I assert that I have read and agreed to the terms and conditions as listed on <http://www.immigroup.com/disclaimer.php>

*Immigroup is not responsible for applications lost in the mail or improperly submitted by email or fax.

*Immigroup is not responsible for applications that are denied.

*Immigroup is not responsible for delays caused by incomplete applications.

*Basic service fees are non-refundable once applications are submitted to the government.

*A portion of 'Premium Service' fees are refunded only if initial processing exceeds 3 weeks from the date your credit card was charged

*Government fees are non-refundable in all cases.

*I assert that I understand I am using Immigroup to request my CAIPS Notes.

*I agree to being charged the total fees according to the service I have selected to the credit card provided.

*I understand that cancellation of this service after my order is received by Immigroup Inc. will bear a minimum cancellation fee of \$42.50.

SIGN HERE:

PRINCIPAL APPLICANT

LAST (FAMILY) NAME	<input type="text"/>	FIRST (GIVEN) NAME	<input type="text"/>
VISA OFFICE	<input type="text"/>	FILE NUMBER	<input type="text"/>
Date of Birth (format: DD-MM-YYYY)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	

HOME ADDRESS

STREET ADDRESS (LINE 1)	<input type="text"/>		
STREET ADDRESS (LINE 2)	<input type="text"/>		
CITY	<input type="text"/>	PROVINCE	<input type="text"/>
POSTAL /ZIP CODE	<input type="text"/>	COUNTRY	<input type="text"/>

MAILING ADDRESS

IS YOUR MAILING ADDRESS THE SAME AS YOUR HOME ADDRESS? YES NO

*COMPLETE ONLY IF MAILING ADDRESS IS DIFFERENT FROM HOME ADDRESS

STREET ADDRESS (LINE 1)	<input type="text"/>		
STREET ADDRESS (LINE 2)	<input type="text"/>		
CITY	<input type="text"/>	PROVINCE	<input type="text"/>
POSTAL/ZIP CODE	<input type="text"/>	COUNTRY	<input type="text"/>

CONTACT INFORMATION

HOME PHONE NUMBER	<input type="text"/>	
WORK PHONE NUMBER	<input type="text"/>	<input type="checkbox"/> DOES NOT APPLY
WORK FAX NUMBER	<input type="text"/>	<input type="checkbox"/> DOES NOT APPLY
MOBILE/CELL PHONE NUMBER	<input type="text"/>	<input type="checkbox"/> DOES NOT APPLY
Email Address	<input type="text"/>	

7. Your representative's contact information

Name of firm or organization (if applicable)			
Mailing address			
Postal code/ZIP			
Telephone number	Country code	Area code	Number
	()		
Fax number	Country code	Area code	Number
	()		
E-mail address (if applicable)			

By indicating your representative's e-mail address, you are hereby authorizing Citizenship and Immigration Canada to transmit your file and personal information to this specific e-mail address.

8. Your representative's declaration:

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

Signature of representative

Party ID (if known)

Date

SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

9. Your representative's full name

Family name (Surname)

Given name(s)

Name of firm or organization
(if applicable)
SECTION D: YOUR DECLARATION**10.**

- I declare that I have fully and truthfully answered all questions on this form and any attached application (if applicable).
- I also declare that I have read and understood all the statements on this form, having asked and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date

Signature of spouse or common-law partner
(if applicable)

Date

Warning! It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security and Intelligence Service (CSIS), where there is an agreement or arrangement with a foreign government, in accordance with subsection 8(2) of the *Privacy Act*. Pursuant to the *Immigration and Refugee Protection Regulations*, the information may also be shared with a regulatory body that is responsible for governing or investigating the conduct of representatives, such as a provincial and territorial law society, the *Chambre des Notaires du Québec* and the Immigration Consultants of Canada Regulatory Council (ICCRC). Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**