

Reserved for Administration

Individual reference no:

File no:

CREDIT CARD

Visa MasterCard Number: Expiry:
Month Year

American Express Number: Expiry:
Month Year

CARDHOLDER

I authorize the Ministère de l'Immigration et des Communautés culturelles to charge **the amount of \$CAN**
to my credit card:

Last name of cardholder First name of cardholder

X Cardholder's signature required Date:
Year Month Day

REASON FOR APPLYING

<p>Application from an employer regarding employment:</p> <p>Temporary job offer <input type="checkbox"/></p> <p>Permanent job offer <input type="checkbox"/></p>	<p>Application for a Certificat d'acceptation du Québec (CAQ – Québec acceptance certificate):</p> <p>Study <input type="checkbox"/></p> <p>Temporary work <input type="checkbox"/></p> <p>Medical treatment <input type="checkbox"/></p>	<p>Application for an undertaking – Family class <input type="checkbox"/></p> <p>Application for a Certificat de sélection du Québec (CSQ – Québec selection certificate):</p> <p>Skilled worker <input type="checkbox"/></p> <p>Live-in caregiver <input type="checkbox"/></p> <p>Self-employed worker <input type="checkbox"/></p> <p>Entrepreneur <input type="checkbox"/></p> <p>Investor <input type="checkbox"/></p>
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Évaluation comparative des études effectuées hors du Québec (Comparative evaluation for studies done outside Québec)

Immigration consultant

Application for recognition

Renewal of recognition

INFORMATION ABOUT THE PRINCIPAL APPLICANT (person making the application)

Mandatory if the cardholder is not the applicant, please provide the applicant's name and date of birth below.

Last name First name

Date of birth:
Year Month Day