

**PAYMENT BY CREDIT CARD**

File n° \_\_\_\_\_  
*If applicable*

Individual reference n° \_\_\_\_\_  
*If applicable*

**ONLY FOR APPLICATIONS SUBMITTED IN QUEBEC**

**CREDIT CARD (Visa, MasterCard and American Express only are accepted)**

<b>Visa</b>	<b>MasterCard</b>	<b>American Express</b>
Number: _____		Expiry date: _____ <i>month / year</i>
Amount paid: _____		CAN \$

**CARD HOLDER**

_____	_____
<i>Last name</i>	<i>First name</i>
Signature: _____	Date: _____ <i>year / month / day</i>

**REASON FOR APPLYING**

Certificat d'acceptation du Québec (CAQ) :  Study Temporary work Medical treatment	Undertaking - Family class Certificat de sélection du Québec (CSQ) : Permanent worker Self-employed worker Entrepreneur Investor	Job offer: Temporary job offer Permanent job offer Comparative evaluation for studies done outside Québec
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**INFORMATION ABOUT THE APPLICANT (person for whom the immigration document will be issued)**

If the cardholder is not the applicant, please enter the following information about the person(s) applying to the Department.

		Date of birth
_____	_____	_____
<i>Last name</i>	<i>First name</i>	<i>year / month / day</i>
		Date of birth
_____	_____	_____
<i>Last name</i>	<i>First name</i>	<i>year / month / day</i>
		Date of birth
_____	_____	_____
<i>Last name</i>	<i>First name</i>	<i>year / month / day</i>