Immigroup Inc. 1180 Danforth Ave, Toronto, ON M4J 1M3 Phone: 1-866-760-2623 Fax: 416-640-2650 Email: info@immigroup.com

FOSS* NOTES

IMMIGROUP ORDER FORM

INSTRUCTIONS

Read all instructions and follow carefully

1. Please complete one(1) FOSS application per person.

Cardholder signature:

2. Complete this order form in full, ensuring you have included all the requirements on the FOSS package checklist.

3.Send your entire package using one of the following methods:

FAX application package to **416-640-2650** OR SCAN AND EMAIL your entire package to <u>info@immigroup.com</u> with the subject line: [Name of Applicant] FOSS FILECHECK Application OR

MAIL/DROP OFF your entire application package to our head office at: 1180 Danforth Ave, Toronto, ON CANADA M4J 1M3

FOSS PACKAGE CHECKLIST	

Include the following in your FOSS FILECHECK package:

IMMIGROUP ORDER FORM Applications submitted without this form will not be processed.

FOSS APPLICATION PACKAGE Completed and signed.

USE OF REPRESENTATIVE FORM Applications submitted without this form will not be processed.

ADDITIONAL INFORMATION
*Sending incomplete forms and information will delay
processing.
*FOSS file notes will be sent to your email.

***FOSS - FIELD OPERATIONS SUPPORT SYSTEM**

SERVICE OPTIONS			
BASIC SERVICE	PREMIUM SERVICE		
\$49.07 \$39.00 service fee \$5.07 H.S.T. (Harmonized Sales Tax) \$5.00 Government fee	\$89.75 \$75.00 service fee \$9.75 H.S.T. (Harmonized Sales Tax) \$5.00 Government fee		
*File notes only, no interpretation will be provided. AVERAGE PROCESSING TIME: <u>4-5 WEEKS</u>	*File notes will be fully explained by our Immigroup specialists. AVERAGE PROCESSING TIME: <u>4-5 WEEKS</u>		
CREDIT CARD INFORMATION	DISCLAIMER		
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)	Bysigning 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.		
Cardholder Name:	*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		
Card Number:	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 FOSS NOTES.		
Expiry Date(mm/yy) Cvv code: What is the Cvv code? www.sti.nasa.gov/cvv	*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:

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FIELD OPERATIONAL SUPPORT SYSTEM

PRINCIPAL APPLICANT	
LAST (FAMILY) NAME	FIRST (GIVEN) NAME
CLIENT ID:	DATE OF BIRTH (Format: DD-MM-YYYY)
HOME ADDRESS	
STREET ADDRESS (LINE 1)	
STREET ADDRESS (LINE 2)	
СІТҮ	PROVINCE
POSTAL/ZIP CODE	COUNTRY

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)	
STREET ADDRESS (LINE 2)	
CITY	PROVINCE
POSTAL/ZIP CODE	COUNTRY

CONTACT INFORMATION	
HOME PHONE NUMBER	
WORK PHONE NUMBER	DOES NOT APPLY
WORK FAX NUMBER	DOES NOT APPLY
MOBILE/CELL PHONE NUMBER	DOES NOT APPLY
EMAIL ADDRESS	

7. Your representative's contact information

Name of firm or organizati	on (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 applicat	ole)			

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

Date

(YYYY-MM-DD)

Party ID (if known)

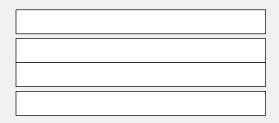
SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

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	(YYYY-MM-DD)
Signature of spouse or common-law partner (if applicable)	
Date	(YYYY-MM-DD)

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**.