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

GOES (Global Entry)

IMMIGROUP ORDER FORM

INSTRUCTIONS

Read all instructions and follow carefully

- 1. Please complete one (1) GOES application form per person. Complete the address and employment fields for the last five (5) years in full, leaving NO gaps (including when unemployed or as a student). If you require additional space, please use the 'Required Supplementary Information' forms provided.
- **2**. Make clear copies of your valid citizenship and identity documents (i.e. passport, birth certificate, PR card, etc.). If applicable, make copies of your drivers license and vehicle registration.
- 3. Complete this order form in full, ensuring you have included all requirements on the 'GOES Package Checklist'.
- 4. 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 package to travelcards@immigroup.com with the subject line: (Name of Applicant) GOES Application **OR**

MAIL/DROP OFF your entire application package to our head office at: 1180 DANFORTH AVE, TORONTO, ON CANADA M4J 1M3

GOES PACKAGE CHECKLIST

| Include the following documents in your GOES package | | | | | | | |
|--|---|--|--|--|--|--|--|
| | GOES APPLICATION FORM completed and signed - all forms must be included, even if blank | | | | | | |
| | IMMIGROUP ORDER FORM - applications submitted without this form will not be processed | | | | | | |
| | COPY OF VALID CITIZENSHIP DOCUMENT -i.e. passport, citizenship card, birth certificate, etc. | | | | | | |
| | COPY OF VALID ADMISSIBILITY DOCUMENT -i.e. passport, PR card, etc. | | | | | | |
| | COPY OF VALID DRIVERS LICENSE -if applicable | | | | | | |
| | COPY OF VEHICLE REGISTRATION -if applicable | | | | | | |

APPLICATIONS SUBMITTED WITHOUT THIS ORDER **FORM WILL NOT BE PROCESSED**

SERVICE OPTIONS

BASIC SERVICE

\$169.50 \$150 CAD service fees \$19.50 CAD HST (harmonized sales tax)

An additional \$100 USD Government fee applies

50% off service fees for additional family members

AVERAGE PROCESSING TIME*

*Timeline refers to initial review by the government

PREMIUM SERVICE

\$282.50 \$250 CAD service fees \$32.50 CAD HST (harmonized sales tax)

An additional \$100 USD Government fee applies

50% off service fees for additional family members

AVERAGE PROCESSING TIME*

1-3 WEEKS

*Timeline refers to initial review by the government. If initial review is not complete within 3 weeks, you will be refunded \$113

ADDITIONAL INFORMATION

- * Initial review of your application entails background checks in both Canada and the
- * Once you have been conditionally approved, we will contact you to schedule an interview; you must schedule this interview within 30 days of approval
- * Once you attend your interview and have been approved, your card will be mailed to you at the address you provide
- * Sending incomplete applications will delay processing

CREDIT CARD INFORMATION

By signing below I agree to be charged the applicable service fees to the credit card I have provided.

We accept Visa, Mastercard, Amex, and brank drafts (call for this method) as acceptable methods of payment

Cardholder Name

Card Number

CVV Code

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

The last 3 digits on the back of the card above the signature / 4 digits for American Express on front above the card number

Cardholder Signature

Expiry Date

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 apply for the Global Entry program *I agree to being charged the total fees according to the service I have selected to the credit card provided.

| Applicant Name | |
|----------------|--|
| SIGN HERE: | |

Global Entry Visa Application Form

| Reason for A | application: | | | O | ther Border Program | Memberships |
|-----------------------------------|---|---------------------|-----------------------|---------------------------|----------------------|---|
| First Time Renewal Re-application | | Program Name | Membership Number | | | |
| Applicant ☐ (5 Ye | ears) 🗀 | | _ | | | |
| Personal Infor | mation | | | | | |
| Surname: | | First Name | e: | Middle Name (In Full) | Nick Name: | |
| | | | | | | |
| Other Names: (E.g. Nan | ne at birth. Former | Vames) | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Gender: Male | Female Date of Birth | |
| | | | | _ | | <u> </u> |
| Place of Birth | | Province / | | Country: | | |
| City: | | State: | | Country. | | |
| Citizenship / . | Admissibility | y / Perm | nanent Resider | nce | | |
| Documents | | | | Date of Birth | | Expiry Date |
| Passport | | | | | | |
| . [_ | Number | | Country of issuance | MM / DD / YYYY | Name on Document | MM / DD / YYYY |
| | Hallibel | | 22 2 , 5. 155 441100 | Date of Birth | | Expiry Date |
| Passport (2nd, | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| if applicable) | Number | | Country of issuance | MM / DD / YYYY | Name on Document | MM / DD / YYYY |
| | Number | | Country of issuance | Date of Birth | Name on Document | Expiry Date |
| Citizenship | | | | | | |
| Document | Number | | Country of issuance | MM / DD / YYYY | Name on Document | MM / DD / YYYY |
| Type of Document | | | | | | |
| _ | | | | Date of Birth | | Expiry Date |
| Natrualization | | | | Date of Birth | | Expiry Date |
| Certificate | Ni I | | Country of issuance | MM / DD / YYYY | Name on Document | MM/DD/YYYY |
| _ | Number | | Country of issuance | Date of Birth | Name on Document | Expiry Date |
| Birth Certificate | | | | | | |
| 1_ | Number | | Country of issuance | MM / DD / YYYY | Name on Document | MM / DD / YYYY |
| | Not a Birth Regist identification | ration / Atta | ch photocopy of docu | ment and valid photo | | |
| US Citizens Sk | | n 17 | | | | |
| | • | | | | | |
| Permanent Resid exempt | ent Documents. P | hotocopies | must be attached. Cit | tizens of US are | | |
| Permanent | | | | Date of Birth | | Expiry Date |
| Resident | | | | | | |
| Card | Number | | Country of issuance | MM / DD / YYYY | Name on Document | MM/DD/YYYY |
| | | | | | | |
| | | | | | | |
| Other Applica | ble Docume | | | | | |
| | drivers liscense | ? If yes, card | please attach a photo | copy of both sides of the | | |
| Yes | lo | caru | | Date of Birth | | Expiry Date |
| Drivers Liscense | | | | | | |
| !_ | Number | | Country of issuance | MM / DD / YYYY | Name on Document | MM / DD / YYYY |
| Is this an enhan | | (F) | · | □No | | |

Supplemental Employment History

Please list your employment history for the previous five years. Leave no gaps. If you require further space, please attach a separate piece of paper with the corresponding information. If you were a student write "Student" under occupation. If you were unemployed, write "unemployed".

| Current Employment | | |
|-------------------------------|-------------|------------------------|
| Date From Date To | | |
| | | |
| MM / DD / YYYY MM / DD / YYYY | | |
| | | |
| Employer | Occupation | Employer Phone Number |
| | | |
| Address | City, State | Country, ZIP Code |
| Previous | | |
| Date From Date To | | |
| | | |
| MM/DD/YYYY MM/DD/YYYY | | |
| | | |
| Employer | Occupation | Employer Phone Number |
| | | |
| Address | City, State | Country, ZIP Code |
| | | |
| Previous | | |
| Date From Date To | | |
| | | |
| MM/DD/YYYY MM/DD/YYYY | | |
| | | |
| Employer | Occupation | Employer Phone Number |
| Z.mp.oyc. | оссириноп | Employer Filone Rumber |
| Address | City, State | Country, ZIP Code |
| | enj, ame | country, In coat |
| Previous | | |
| Date From Date To | | |
| | | |
| MM/DD/YYYY MM/DD/YYYY | | |
| | | |
| Employer | Occupation | Employer Phone Number |
| | | |
| Address | City, State | Country, ZIP Code |

Supplemental Address History

Please list your address history for the previous five years. Leave no gaps. If you require further space, please attach a separate piece of paper with the corresponding information.

| Current Residence Date From Date To | | Home p | ohone | Cell phone | Work phone | | | |
|-------------------------------------|----------------|----------|-------------|------------|-------------------|--|--|--|
| Date Floir | Date To | | | | | | | |
| | MM (DD ()000/ | <u>'</u> | | | | | | |
| MM / DD / YYYY | MM / DD / YYYY | | | | | | | |
| | | | | | | | | |
| Ad | ddress | Apt # | City, State | | Country, ZIP Code | | | |
| Previous Date From | Date To | | | | | | | |
| | Jule 10 | | | | | | | |
| MM / DD / YYYY | MM / DD / YYYY | | | | | | | |
| | | | | | | | | |
| Ad | Idress | Apt # | City, State | | Country, ZIP Code | | | |
| Previous Date From | Date To | | | | | | | |
| | | | | | | | | |
| MM / DD / YYYY | MM / DD / YYYY | | | | | | | |
| | | | | | | | | |
| Ac | ldress | Apt # | City, State | | Country, ZIP Code | | | |
| Previous | | | | | | | | |
| Date From | Date To | | | | | | | |
| | | | | | | | | |
| MM / DD / YYYY | MM / DD / YYYY | | | | | | | |
| | | | | | | | | |
| Ad | ldress | Apt # | City, State | | Country, ZIP Code | | | |
| Previous | | | | | | | | |
| Date From | Date To | | | | | | | |
| | | | | | | | | |
| MM / DD / YYYY | MM / DD / YYYY | | | | | | | |
| | | | | | | | | |
| Ac | ldress | Apt # | City, State | | Country, ZIP Code | | | |

| Please be | aware that | your | heigh | t and eye | colo | ır are requ | ired for | you | r GOES | applica | tion bu | t are not | found on | the forms. |
|--|-----------------------------------|--------------------------------|-------------------------------------|--|--------------------|---------------------------------------|-----------------------------|-------------------------|-------------------------------|---------------------------------|-----------------------------|---------------------------------|--------------------------------------|------------|
| HEIGHT: | | cm | OR | | ft | | in | 2. | EYE CO | LOUR: | | | | |
| Travel | History | , | | | | | | | | | | | | |
| past five yout it mus abelled a country or | years you not include a "United I | nust ll trij King You | list th ps. Pl dom'' requi | e countri ease note . If you h ire addition | es w tha ave | where you t visits to visited a | have t Englar particu | rave nd, S ılar c | lled. Th cotland ountry | e list de , Wales more th | oes no s, or N nan on | t have to orthern ce, you | o follow a Ireland s only have | • |
| | | | | | | | | | | | | | | |
| | al Informa | | | | | | | | | | | | | |
| violations | ever been on the Uni | ted S | tates | or any oth | er co | ountry? If | you ans | | | | | | Yes | No |
| Have you | ever receive | d a wa | aiver o | f inadmiss | ibilit | y to the U.S | 5. from a | U.S. | governm | ent age | ncy? | | Yes | No |
| Have you import lav | ever been f | ound | in vio | olation of | Cust | oms or Im | ımigrati | on la | w or oth | er feder | ral | | Yes | ☐ No |
| If you ans | swers yes to application | | | | | | | | | | pies do | ocumenta | tion of th | e events |
| | | | | | | | | | | | | | | |

Personal Information

PLEASE NOTE: For background checks you may be asked about your full criminal history, including any arrests and pardons.

GOES Legal Guardian Information

For applicants under 18 years of age, please complete the following information:

| Legal guardian information: | | |
|--|------------------------------------|---|
| 3. FIRST NAME: | 4. LAST NAM | E: |
| 5. Date of birth (yyyy/mm/dd): | 6. | ○ Male ○ Female |
| | U.S. Contact (if you do | not reside in the US) |
| If you live outside the United States. | States and have no U.S. mailing ad | dress, you are required to provide a contact in the |
| Full Name | | |
| As Of Date From (yyyy/mm | n)* | |
| Street Address | | |
| ADDRESS: | | |
| CITY: | PROVINCE/STATE: | |
| POSTAL/ZIP CODE: | PHON | E NUMBER: |