



2 Saint Clair Avenue West #1808

Toronto ON., M4V1L5

Tel: 647-255-8150

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## Visa Request form

### Applicant's Details

Full name of the applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

### Order Details

For visa orders: Country of travel	Date of entry mm/dd/yyyy	Date of Departure Mm/dd/yyyy	Purposes of the visit	Number of entries	Length of stay	Regular or expedited service

Self-pick-up  FedEx to USA \$150  FedEx/Purolator/UPS \$68  Express Canada Post \$45

Return address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Method of Payment: Fill out the form below for processing.

Please be aware that a 3% fee will be added to the final cost of any Credit card Payment

<ul style="list-style-type: none"><li>Credit Card</li><li>Visa</li><li>Master Card</li></ul> <p><i>We are not accepting AMEX</i></p>	<p>Card Number _____ Expiry Date ____/____ CVV# ____ Name on the Credit Card _____</p> <p>I authorize Document and Visa Services to charge my Credit Card for the amount of \$ _____ Card Holder Signature _____ Date ____/____/____</p>
<ul style="list-style-type: none"><li>Money order</li><li>Bank Draft</li><li>E-Transfer</li></ul>	<p>Payable to: Document and Visa Services Payable to: Document and Visa Services Payable to: <a href="mailto:tatianak.dvs@gmail.com">tatianak.dvs@gmail.com</a> or <a href="mailto:info@dvservices.ca">info@dvservices.ca</a></p>

By signing below, I accept that I have read and agree to the Terms and Conditions and agree to the following conditions:

- Document and Visa Services is not responsible for document/s or passport/s lost by career companies or any Embassy /government office.
- Document and Visa Services is not responsible for applications that are rejected, visa/s that are denied, or entry to a foreign country denial of entry.
- All fees are non-refundable once applications are submitted to the Embassy /Consulate /any Diplomatic Mission or a government agency.
- I agree to be charged the total fees corresponding with the required service.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_