



SERVICE LINKS CANADA INC.

ASSESSMENT FOR VISITOR VISA

IF YOU HAVE ANY TECHNICAL PROBLEMS WITH THIS FORM, YOU MAY CONTACT US DIRECTLY AT: INFO@SERVICELINKS.CA

DATE:

1) PERSONAL INFORMATION	
LAST NAME	FIRST NAME:
DATE OF BIRTH (DD/MM/YYYY)	NATIONALITY::
ADDRESS	
EMAIL ADDRESS	MOBILE:
2) QUESTION FOR VISITOR	
HAVE YOU VISITED CANADA?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH PROVINCE?
HAVE YOU APPLIED FOR ANY CANADIAN VISA?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REFUSED
REASON FOR VISIT	
HAVE YOU RECEIVED AN INVITATION LETTER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOW LONG WILL YOU STAY IN CANADA?	
NUMBER OF FAMILY MEMBERS TRAVELING WITH YOU	

CANADA: Unit B 209-2099 Lougheed Hwy, Shaughnessy Square, Port Coquitlam, British Columbia V3B 1A8

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SERVICE LINKS CANADA INC.

WHAT WILL BE YOUR FINANCIAL SUPPORT DURING YOUR TRIP IN CANADA? ANY PROOF?

ADDITIONAL INFORMATION

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