The Travel Visa Company

Your Dedicated, Worldwide Travel Visa Agency

REFERRED BY

i.e. Travel Agent / Tour Operator / Cruise Line / Search Engine / Repeat Customer / Friend / Other

You **MUST** return this front page with your application.

RETURN ADDRESS

The Travel Visa Company Ltd.
First Floor Unit 10
Alvaston Business Park
Middlewich Road
Nantwich, Cheshire
CW5 6PF

SUPPORT

If you have any queries or would like additional assistance when completing your application, please contact us and one of our team would be happy to assist.

Telephone: **01270 904 907** | Email: **applications@thetravelvisacompany.co.uk**

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Canada Business Visa (B1) Application Pack

Thank you for requesting an application pack for a Canada Business Visa (B1).

Please complete the following three sections and then return the application pack and all supporting documents to The Travel Visa Company Ltd.

1. **Checklist of the documents required**
2. **Service and delivery options**
3. **Address and payment details**

PLEASE NOTE

You may be required to appear in person to submit your biometric information (fingerprints and photograph) to the Canadian Authorities. If you are requested to submit your biometrics, there will be an additional fee to pay.

It is advised that applicants should not make any final travel plans until the visa application has been processed and the visa has been issued.

If you hold a British passport, then you may be eligible to apply for the Canada eTA. If you are unsure of your requirements, please get in contact with us.

1. Checklist of the documents required

✓ Please tick to confirm you have provided the following:

☐ **CANADA BUSINESS VISA (B1) APPLICATION FORM** – Please find attached. It is important to carefully read through all the questions and fully complete all forms in **BLOCK CAPITALS** with a **BLACK PEN**. All application forms **MUST** be printed single-sided. Application forms printed double-sided **WILL NOT** be accepted.

☐ **COPY OF PASSPORT** – Please include a copy of the photograph/information page of your passport. Your passport must be valid for the entire duration of your stay in Canada.

☐ **PHOTOGRAPH** – The photograph must be taken within the last 6 months, against a light background, show a full front visa of the head and tops of shoulders, and non-smiling [without sunglasses, a hat/cap or other head covering, unless the applicant wears such items because of their religious belief or ethnic background].

☐ **PURPOSE OF TRAVEL** – Please provide proof that you are entering Canada as a temporary visitor. This can be in the form of a flight ticket or travel itinerary.

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- [ ] **TRAVEL HISTORY** – You must provide information on your travel history. This can include copies of your previous passports and visas (used within the last 10 years), entry and exit stamps, study or work permits, expired or valid visas, or boarding passes.

- [ ] **USE OF REPRESENTATIVE (IMM5476)** – Please complete the Use of a Representative form. This must be signed and dated with an original ink signature. This can be found at the back of the application pack.

- [ ] **FAMILY INFORMATION (IMM5645)** – Please complete the Family Information form. This must be signed and dated with an original ink signature. This can be found at the back of the application pack.

- [ ] **INVITATION LETTER** – Please provide a letter of invitation that has been written by the inviting party in Canada. This must include the following information: purpose and length of visit, nature of the relationship between you and the host, and contact information of the host.

- [ ] **BUSINESS ACITIVIES DESCRIPTION** – Please provide a document describing the primary business activities you will be involved in during your stay in Canada.

- [ ] **ACRO POLICE CERTIFICATE** – IF you have ever been arrested, convicted, or cautioned, you must provide a copy of an ACRO Police Certificate dated within the last 6 months.

    - **DON'T HAVE AN ACRO?** – If you do not already have this document, The Travel Visa Company offer a service to obtain this on your behalf for an additional fee. Please visit www.thetravelvisacompany.co.uk/services/acro

Please be advised that further documentation may be requested during the visa application process.

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2. Service and delivery options

✓ Please tick to confirm which service and delivery type you are requesting:

	Service Type	Processing Time	Embassy Fee	Service Fee	VAT	Total
☐	Standard	15 days*	£80.00†	£204.13	£40.82	**£299.95**

*Working days excluding postal days.

† Includes visa fee and courier fees.

PLEASE NOTE

The above processing times are The Travel Visa Company's and does not include the Embassy's processing time.

The above price does not include the *Biometrics Fee*. If it is determined that you are required to submit biometrics, the relevant fee will be collected later in the application process.

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	Delivery Type	Price
☐	Email Confirmation	-
☐	Provide Pre-Paid Envelope*	-
☐	Posted Confirmation	£5.00
☐	Collect from TVC Office	-

DATE OF TRAVEL

..... DD/MM/YYYY

LENGTH OF STAY

..... Days

*If you provide a pre-paid envelope please ensure it has your return address and the correct postage amount.

3. Address and payment details

Name: .....

Address: .....

.....

.....

Postcode: .....

Telephone: .....

Email: .....

EMAIL MARKETING (not required)

☐ I would like to sign up to the TVC mailing list.

We do not share your data with any third parties. To view our privacy policy, visit:
www.thetravelvisacompany.co.uk/privacy

☐ **Credit/Debit Card**

Name on card:

.....

Card Number:

.....

Expiry Date: ..... CVC: .....

☐ **Paypal** paypal@thetravelvisacompany.co.uk

☐ **Cheque**

☐ **BACS** Reference: .....

Cheque/BACS payments are to be made payable to "The Travel Visa Company Ltd."

Bank Details: 68032405 / 08-92-50

TERMS & CONDITIONS (required)

☐ I have read, fully understood and agree to the Terms & Conditions and Client Declaration.

www.thetravelvisacompany.co.uk/terms www.thetravelvisacompany.co.uk/declaration

Signed: ..... Date: .....

Please contact us if you would like to receive a printed copy of these documents.

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Tel: +44 (0) 1270 904 907
applications@thetravelvisacompany.co.uk
www.thetravelvisacompany.co.uk

Personal Details

Surname:

Given name:

Gender: ☐ Male ☐ Female

Have you ever used any other names?

☐ Yes ☐ No

If yes

Previous surname:

Previous given name:

Date of birth: DD/MM/YYYY

Place of birth:

Town/City:

State/Province:

Country:

Country of citizenship:

Marital status: ☐ Single ☐ Married ☐ Widowed

☐ Other If other, please specify

If married

Spouse's surname:

Spouse's given name:

Date of marriage: DD/MM/YYYY

Have you previously been married?

☐ Yes ☐ No

If yes

Previous spouse's surname:

Previous spouse's given name:

Previous spouse's date of birth: DD/MM/YYYY

Type of relationship: e.g., marriage, common-law

Date of marriage: DD/MM/YYYY

Date marriage ended: DD/MM/YYYY

Applicant Contact Details

Phone number:

Email address:

Permanent address:

Is your mailing address the same as your permanent address?

☐ Yes ☐ No

If no

Mailing address:

During the past five years, have you lived in any country or territory other than your country of citizenship or your current country of residence for more than six months?

☐ Yes ☐ No

If yes

Country:

Immigration status:

Date from: DD/MM/YYYY

Date to: DD/MM/YYYY

UK Immigration Status

Not Applicable ☐

Residency start date: DD/MM/YYYY

UK Immigration Share Code:

This can be obtained at: www.gov.uk/view-prove-immigration-status

If you need additional help with this application form, please email:
applications@thetravelvisacompany.co.uk

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Passport Details

Passport number:

Issuing country:

Issue date: DD/MM/YYYY

Expiry date: DD/MM/YYYY

Do you have a national identity document?

☐ Yes ☐ No

If yes

Document number:

Country of issue:

Issue date: DD/MM/YYYY

Expiry date: DD/MM/YYYY

Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)?

☐ Yes ☐ No

If yes

Document number:

Expiry date: DD/MM/YYYY

Languages

Native language:

Are you able to communicate in either of the following languages?

☐ English ☐ French

Which language do you feel most comfortable speaking?

Have you taken a test from a designated testing agency to test your proficiency in English or French?

☐ Yes ☐ No

Travel Details

Purpose of travel:

- ☐ I want to conduct international business activities in Canada, but will not enter the Canadian labour market.
- ☐ I want to purchase Canadian goods and services for a foregin business or government, and/or go on training related to these goods and services.
- ☐ I want to take or give training with a Canadian corporation (or subsidiary that employs me outside of Canada). Goods and services received from the training is incidental.
- ☐ I am representing a foreign business or government and want to sell goods on behalf of the business or government. (No sales to the public).

Travel Details

Canadian province in which you will be spending the most time:

Date of arrival: DD/MM/YYYY

Date of departure: DD/MM/YYYY

Funds available for the trip: CAD

Do you have a contact in Canada?

☐ Yes ☐ No

If yes

Name of contact:

Relationship to you:

Contact's address in Canada:

Address in Canada:

Education Details

Have you had any post secondary education?

☐ Yes ☐ No

If yes

Field of study:

Institute name:

Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Institute address:

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Employment Details

Employment status:

☐ Employed ☐ Unemployed ☐ Student ☐ Retired

Please provide 10 years of work experience. If you are retired, please provide the 10 years before your retirement.

Current occupation:

Employer name:

Employment start date: DD/MM/YYYY

Employer address:

Previous occupation:

Previous employer name:

Employment start date: DD/MM/YYYY

Employment end date: DD/MM/YYYY

Previous employer address:

Character Declarations

Do you have a family member who is a Canadian Citizen or permanent resident and is 18 years or older?
☐ Yes ☐ No

Have you lived in Canada as a permanent resident or landed immigrant?
☐ Yes ☐ No

Do you own a business in the country where you currently live?
☐ Yes ☐ No

Do you depend on someone for financial support?
☐ Yes ☐ No

Are you accompanying a family member that has status in Canada or has recently been approved to come to Canada?
☐ Yes ☐ No

Have you had a medical exam performed by an IRCC authorised panel physician within the last 12 months?
☐ Yes ☐ No

In the past 10 years, have you given your fingerprints and photo (biometrics) for an application to come to Canada?
☐ Yes ☐ No

Character Declarations

Within the past two years, have you or a family member ever had tuberculosis in the lungs or been in close contact with a person with tuberculosis?
☐ Yes ☐ No

Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?
☐ Yes ☐ No

Have you ever remained beyond the validity of your status, attended school without authorisation, or worked without authorisation in Canada?
☐ Yes ☐ No

Have you ever been refused a visa or permit, denied entry, or ordered to leave Canada or any other country or territory?
☐ Yes ☐ No

Have you previously applied to enter or remain in Canada?
☐ Yes ☐ No

Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country?
☐ Yes ☐ No

If you have answered 'yes' to any of the above questions, please specify:

If you need additional help with this application form, please email:
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Background Information

Did you serve in any military, militia, or civil defence unit, or service in a security organisation or police force (including non obligatory national service, reserve, or volunteer units)?

☐ Yes ☐ No

If yes

Country where stationed:

Province/county/state where stationed:

City where stationed:

Date from: DD/MM/YYYY

Date to: DD/MM/YYYY

Have you ever witnessed or participated in the ill treatment of prisoners, civilians, looting, or desecration of religious buildings?

☐ Yes ☐ No

If yes

Country of occurrence:

Province/county/state of occurrence:

City of occurrence:

Date from: DD/MM/YYYY

Date to: DD/MM/YYYY

Are you, or have you ever been, a member or associated with any political party, or other group or organisation which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? Do not use abbreviations.

☐ Yes ☐ No

If yes

Name of organisation:

Activities and/or positions held:

Country of organisation:

Province of organisation:

Date from: DD/MM/YYYY

Date to: DD/MM/YYYY

Background Information

Have you ever held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator)? Do not use abbreviations.

☐ Yes ☐ No

If yes

Country of position:

Level of jurisdiction:

Department/branch:

Activities/positions held:

Date from: DD/MM/YYYY

Date to: DD/MM/YYYY

Previous Travel

Have you travelled to other countries in the past 10 years?

☐ Yes ☐ No

Please provide each country visited, the purpose of travel, and dates visited:

If you need additional help with this application form, please email:
applications@thetravelvisacompany.co.uk

Tel: +44 (0) 1270 904 907
applications@thetravelvisacompany.co.uk
www.thetravelvisacompany.co.uk

Additional Information

Please use this space for any additional details:

Please tick to confirm your application details:

☐ I, the applicant, hereby certify that I have read, or have had read to me, all the questions and statements on this application and understand all the questions and statements on this application. The answers and information furnished in this application are true and correct to the best of my knowledge and belief.

Print name (BLOCK CAPITALS): .....

Date: ..... DD/MM/YYYY

If you need additional help with this application form, please email:
applications@thetravelvisacompany.co.uk

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USE OF A REPRESENTATIVE

You do not need to hire a representative, it is your choice. No one can guarantee the approval of your application. All the forms and information that you need to apply are available for free on the Immigration, Refugees and Citizenship Canada (IRCC) Website.

By filling out this form, you are appointing a representative to conduct business on your behalf throughout the application process. Your representative will be able to complete or update your application and act on your behalf with Immigration, Refugees and Citizenship Canada (IRCC) and the Canada Border Services Agency (CBSA). You may only have **one** representative at a time per application. If you appoint a new representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your application.

Note: You must use this form to appoint a paid or unpaid representative to conduct business with IRCC or the CBSA on your behalf. You must also use this form: 1. to notify IRCC if your representative's contact information changes, 2. if you wish to cancel the appointment of your current representative and represent yourself, 3. if you wish to cancel the appointment of your current representative and appoint a new representative or, 4. to withdraw yourself as the representative on the application

I am:

- ◯ appointing a representative. **Complete Sections A, B and E.**
- ◯ updating contact information of an appointed representative. **Complete Sections A, B and E.**
- ◯ cancelling the appointment of a representative. **Complete Section A, C and E.**
- ◯ cancelling the appointment of a representative and appointing a new representative. **Complete Section A, B, C and E.**
- ◯ withdrawing role as a representative. **Complete Section A, D and E.**

SECTION A: APPLICANT INFORMATION

1. Your full name

Family name (Surname) (as shown on your passport or travel document)

Given name(s) (as shown on your passport or travel document)

2. Your date of birth (YYYY-MM-DD)

3. Your email address

If you do not have an email address, provide either your telephone number or your address

4. Application Information

Type of application (permanent residence, extension of study permit, etc.)

Application number *(if known)*

5. Unique Client Identifier (UCI) number *(if known)*

SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative, as the primary point of contact on my application, and to conduct business on my behalf with Immigration, Refugees and Citizenship Canada and Canada Border Services Agency. **Note**: Even if a representative is being paid or compensated by someone other than you (the applicant), the representative is still considered to be a paid representative.
- I authorize Immigration, Refugees and Citizenship Canada and Canada Border Services Agency to release information from my application and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

6. Your representative's full name

Family name (Surname)

Given name(s)

7. Your representative (Select one option)**:**

(i) is UNPAID and is a

- ◯ Friend or family member
- ◯ Member in good standing of the College of Immigration and Citizenship Consultants (CICC)

  Membership ID number
- ◯ Member in good standing of a Canadian Provincial or Territorial law society or student-at-law

  Which Province/Territory? | Membership ID number (if applicable)
- ◯ Member in good standing of the Chambre des notaires du Québec

  Membership ID number
- ◯ Other (please specify)

OR

(ii) is, or will be, PAID and is a member in good standing of

- ◯ The College of Immigration and Citizenship Consultants (CICC)

  Membership ID number
- ◯ A Canadian Provincial or Territorial law society or student-at-law

  Which Province/Territory? | Membership ID number (if applicable)
- ◯ The Chambre des notaires du Québec

  Membership ID number

8. Your representative's contact information

Name of firm or organization (if applicable)

If student-at-law, write the name of the supervising lawyer | Supervising lawyer membership ID

Mailing address

Apt/Unit | Street no. | Street name

City/Town | Province/State/Territory | Country or territory | Postal code/ZIP

Telephone number

Country Code | Area Code and Telephone number

Fax number (if applicable)

Country Code | Area Code and Telephone number

E-mail address (if applicable)

By indicating your representative's e-mail address, you are hereby authorizing Immigration, Refugees and Citizenship Canada to send your personal information to this specific email address.

9. 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 Immigration, Refugees and Citizenship Canada and Canada Border Services Agency.

Signature of representative | Date (YYYY-MM-DD)

(if applicable) Signature of supervising lawyer | Date (YYYY-MM-DD)

SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I, the applicant, withdraw my authorization for this person to serve as my representative, to receive information on my application and to conduct business on my behalf with Immigration, Refugees and Citizenship Canada and Canada Border Services Agency.

10. Representative's full name

Family name (Surname) | Given name(s)

Name of firm or organization (if applicable)

The applicant's email provided in section A will be used for further communication from Immigration, Refugees and Citizenship Canada and Canada Border Services Agency.

SECTION D: WITHDRAWING ROLE AS A REPRESENTATIVE

I, the representative, withdraw myself as the applicant’s representative.

11. Representative's full name

Family name (Surname) | Given name(s)

Name of firm or organization (if applicable)

The applicant's email provided in section A will be used for further communication from Immigration, Refugees and Citizenship Canada and Canada Border Services Agency.

(if applicable)I have been unsuccessful in obtaining the applicant’s agreement and/or signature on this form (Section E), and attest to having taken reasonable steps to do so.

Signature of representative | Date (YYYY-MM-DD)

SECTION E: YOUR DECLARATION

12. Your declaration

- 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 or Parent/Legal Guardian for a person under 18 years of age	Date (YYYY-MM-DD)
If a sponsorship application: Signature of spouse or common-law partner	Date (YYYY-MM-DD)

Warning! It is a serious offence to give false or misleading information on this form.

Personal information provided on this form is collected by Immigration, Refugees and Citizenship Canada (IRCC) under the authority of the *Immigration and Refugee Protection Act* (IRPA) and of the Citizenship Act. The personal information of the applicant is used for identification and authorization purposes. The personal information of the immigration representative is used to verify that the representative is authorized to offer representation services according to the provisions of IRPA and of the Citizenship Act.

The personal information of both the applicant and the representative may be disclosed to other federal government institutions, non-governmental and inter-governmental organizations, regulatory bodies, investigative bodies, and provincial/territorial governments for the purposes of validating identity, information, and supporting an investigation.

Personal information of both the applicant and the representative may be used for other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Failure to complete the form in full will result in a delay to processing. The *Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the Office of the Privacy Commissioner of Canada. The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 013, 042, 054, 068.

FAMILY INFORMATION

Type of application: ☐ Visitor ☐ Worker ☐ Student ☐ Other

Complete **ALL** names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). Include **ALL** family members even if they are not accompanying you. If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

BEFORE YOU START, READ THE INSTRUCTION GUIDE, TYPE OR PRINT IN BLACK INK.

SECTION A

Name	Relationship SEE NOTE 1	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country and date)	Will accompany you to Canada? YES NO
Marital status:	**Applicant**	Country of birth:	Present occupation:	
Marital status:	**Spouse or common-law partner**	Country of birth:	Present occupation:	☐ ☐
Marital status:	**Mother**	Country of birth:	Present occupation:	☐ ☐
Marital status:	**Father**	Country of birth:	Present occupation:	☐ ☐

NOTE 1: If no spouse or common-law partner is listed in Section A, read and sign below.

I certify that I do not have a spouse or a common-law partner.

Signature: _____ Date (YYYY-MM-DD) _____

SECTION B - CHILDREN (Include **ALL** sons and daughters, including **ALL** adopted and step-children, regardless of age or place of residence**)**

Name	Relationship SEE NOTE 2	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country and date)	Will accompany you to Canada? YES NO
Marital status:		Country of birth:	Present occupation:	☐ ☐
Marital status:		Country of birth:	Present occupation:	☐ ☐
Marital status:		Country of birth:	Present occupation:	☐ ☐
Marital status:		Country of birth:	Present occupation:	☐ ☐

NOTE 2: If no children are listed in Section B, read and sign below.

I certify that I do not have any natural, adopted nor step-children.

Signature: _____ Date (YYYY-MM-DD) _____

SECTION C - BROTHERS AND SISTERS (Include ALL brothers and sisters, ALL half-brother and sister and stepbrother and sister.)

Name	Relationship SEE NOTE 2	Date of birth (YYYY-MM-DD)	Present address (if deceased: give city/town, country and date)	Will accompany you to Canada? YES NO
Marital status:		Country of birth:	Present occupation:	☐ ☐
Marital status:		Country of birth:	Present occupation:	☐ ☐
Marital status:		Country of birth:	Present occupation:	☐ ☐
Marital status:		Country of birth:	Present occupation:	☐ ☐
Marital status:		Country of birth:	Present occupation:	☐ ☐
Marital status:		Country of birth:	Present occupation:	☐ ☐
Marital status:		Country of birth:	Present occupation:	☐ ☐

SECTION D - CERTIFICATION

I certify that the information contained in this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.

Signature: _____ Date (YYYY-MM-DD) _____

Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the *Immigration and Refugee Protection Act* (IRPA). The personal information provided will be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, provincial/territorial governments, foreign governments for the purpose of validating identity, eligibility and admissibility. The personal information may also be disclosed to medical practitioners for the purpose of validating identity and eligibility.

Personal information may also be used for other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, subsequent program eligibility, and strategy development and reporting.

Failure to complete the form in full may result in a delay or the application not being processed. *The Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the Office of the Privacy Commissioner of Canada. The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank – IRCC PPU 013, 051, 068.