

CAIPS FileCheck Application Form

Principal Applicant		
Last (Family) Name		
First (Given) Name		
Visa Office	<i>(e.g. "London")</i>	
File Number	<i>(e.g. "B 123 456 789")</i>	
Date of Birth	<i>(Use format "21-Jan-1967")</i>	
Mailing Address		
Email Address		
Telephone (Day)		
Telephone (Evening)		
How Did You Find Us?	<i>(e.g. Google search)</i>	
Service Required <i>(Please tick the box next to the service required)</i>		
	C\$	Tick One
CAIPS Repeat: <i>(ONLY for existing customers of CAIPS FileCheck)</i> <i>Raw file, no interpretation, file emailed</i>	\$30.00	<input type="checkbox"/>
CAIPS Basic: <i>Raw file, no interpretation, file emailed</i>	\$40.00	<input type="checkbox"/>
CAIPS Premium: <i>Express service, raw file, no interpretation, file by email, fax or post.</i>	\$60.00	<input type="checkbox"/>
CAIPS Premium Interpreted: <i>As CAIPS Premium, but file will be fully explained / interpreted.</i>	\$120.00	<input type="checkbox"/>
CAIPS Interpretation ONLY <i>Use ONLY if you already have CAIPS notes and need interpretation.</i>	\$60.00	<input type="checkbox"/>
Payment Details		
<p>Please pay for our services using your credit or debit card via PayPal – you can use this service without using or setting up a PayPal account – see our website for details of how to pay via PayPal or email us at help@caips.ca for assistance or for a customised invoice to simplify payment via PayPal.</p> <p><i>Our standard means of payment is PayPal – you do not need to use or set up a PayPal account to pay us this way. However, if you prefer to pay via other means, please contact us at help@caips.ca and we will do our utmost to assist.</i></p>		

Patricia Bridson, CAIPS FileCheck, Box 317, Salt Spring Island, BC, V8K 2V9, CANADA

Email: help@caips.ca: Fax: 1 250 483 1513