

CAIPS FileCheck – Application Kit

Dear Sir / Madam

Thank you for requesting this application kit from CAIPS FileCheck. Having been through the whole immigration process ourselves, we understand how frustrating and bewildering it can be, and hope that our service can help you understand a little better what is going on with your application for immigration to Canada.

We offer a range of services, with the cheapest way to obtain your CAIPS file costing **just C\$40** – an attractive proposition given the investment in both time and money you have made in applying to emigrate to Canada, and certainly a lot cheaper than the services of many immigration consultants!

We hope that the kit will explain the process for applying for your CAIPS immigration file thoroughly, but if you have any questions at all, please don't hesitate to contact us at **help@caips.ca** (see "How to Apply" for additional contact details).

In this kit, you should find the following components:

How to Apply – explains the process for applying, including our contact details

What Will My CAIPS File Tell Me? – explains how the CAIPS system works and what you might expect to see in your file

Frequently Asked Questions – answers to likely additional questions you may have

Payment via PayPal – explains how to pay us for your chosen service

CAIPS FileCheck Application Form – complete this to request the service you require

Official CIC IMM5744 "Consent For An Access to Information Request" for your use – we need to send this to CIC for them to release your file (i.e. your personal information) to us.

We look forward to serving you, and hope you are also able to make the move to Canada in the near future

Trish Bridson
CAIPS FileCheck

Mail: Box 317, Salt Spring Island, V8K 2V9, BC, CANADA
Email: help@caips.ca
Fax: 1 250 483 1513

How to Apply

1. **Complete the “CAIPS FileCheck” application form** – remember to complete your personal details - including your file number and relevant visa office - and choose the level of service that you require (see application form for details).
2. **Complete your IMM5744 “Consent For An Access to Information Request” form** – you’ll see that there is room for your own and your spouse’s details and signature. Please remember to sign and date at the bottom. We have included an example of a completed consent form to help you.
3. **Send the completed application form and “Consent to Disclosure” forms to us** via:

Post: Patricia Bridson
CAIPS FileCheck
BOX 317 Salt Spring Island
BC
V8K 2V9
CANADA

Fax: 1-250-483-1513 (at our office in Canada)

Email: help@caips.ca - you can send forms to us in PDF, JPEG or TIFF format

4. **Pay for our services using PayPal** (see section entitled ‘Payment via PayPal for more details)

Contact Us: If you have any questions, please do not hesitate to contact us at the mailing address, fax number, or email address above. We prefer email enquiries (and often are able to respond to them within a couple of hours), but if you do not have access to email please write to us or send us a fax and we will respond as quickly as possible.

Frequently Asked Questions

What will I receive if I request my immigration file through CAIPS FileCheck?

Depending on your own situation, CIC will have a FOSS, CAIPS and/or GCMS file for you - these all vary in format but in general you will receive a computer printout of 7-35 pages in length. The printout is a screen print from the relevant computer system. On the printout will be all the relevant information from your file, such as points calculations, immigration officer’s notes, details of processing stages passed, the likely next ‘bring forward’ date for the file and so on. What appears in an individual’s file will depend on where they are in the application process.

I don’t have a file number. Can you help? Yes, your file can usually be requested with just your full name, visa office, and your date of birth. However, if you have only just applied it is possible that your immigration / visa file may not yet have been created.

How much does it cost to obtain my file? Our cheapest service is just C\$40 – see our application form for details of our range of services and how much each costs, and the section below for details of how to pay us using your credit or debit card using PayPal.

I am an immigration consultant, can I get a discount on your rates? Yes, please contact us by email at help@caips.ca or fax for details (see contact details).

Which visa offices can you obtain immigration files/ notes for? We can access files for any visa office. All file requests are processed through a Canada Immigration office in Ottawa, Canada, not through the local visa office.

How long does it take? Files can normally be obtained in between 5 and 6 weeks - if you need a copy of your hard copy file from your local visa office, this can take an additional 4 weeks or so.

Is there a discount for the second file request? Yes, if you request the same file again then the fee for the second request is C\$30).

Can CAIPS FileCheck obtain other types of files? Yes, we can obtain many types of files including FOSS/GCMS files for applications being dealt with in Canada as well as Citizenship files and immigration files for study and work permit applications. We can also obtain copies of applicants' entire immigration files (from the overseas offices dealing with their case) on request, although this is a lengthy process and is normally reserved for situations where there is a serious problem with the application. We can also obtain detailed medical files if there are medical concerns. Please contact us for details.

Payment via PayPal

We accept payment via credit and debit card, but only via PayPal. Owned by eBay, PayPal has become the largest and best known online payment processor and we believe it provides our clients with the best service in terms of usability and security.

There are 3 ways to pay us using PayPal:

1. If you already have a PayPal account, log in at <http://www.paypal.com> and send the fee for your chosen service (see our application form) to us at help@caips.ca
2. If you don't already have a PayPal account, visit our website at <http://www.caips.ca/howtopay.shtml>, choose the service you require, and click on the 'PayPal ADD TO CART' button below that service. This will allow you to pay via PayPal using your credit card without setting up an account.
3. If you need help or prefer it, we can send you a special invoice which will allow you to pay via PayPal without setting up an account – ask us for details at help@caips.ca

If you are unable to pay via PayPal or prefer alternate means of payment, please contact us at help@caips.ca for assistance.

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) 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



CONSENT FOR AN ACCESS TO INFORMATION AND PERSONAL INFORMATION REQUEST

Complete this form if you authorize the Access to Information and Privacy (ATIP) Division at Citizenship and Immigration Canada (CIC) to release your personal information to someone other than yourself.

Please be advised that you must submit a separate consent form for each individual in your file over the age of 18 if you wish to receive their information as well.

| | | |
|-------------------------|---------------|----------------------------|
| 1 Your full name | | |
| Family name (surname) | Given name(s) | Date of birth (YYYY-MM-DD) |

| | |
|--|---------------|
| 2 Your spouse or common-law partner's full name (if applicable) | |
| Family name (surname) | Given name(s) |

| | |
|---|---------------------------------|
| 3 Your designated individual's full name | |
| Family name (surname) BRIDSON | Given name(s) PATRICIA |
| Business or Organization Name (if applicable) | |
| Immigration Consultants of Canada Regulatory Council (ICCRC) number (if applicable) | E-mail address HELP@CAIPS.CA |

| | |
|---|---|
| 4 Your declaration | |
| • I authorize CIC to release my personal information to the individual named above. | <input type="radio"/> Yes <input type="radio"/> No |
| • I authorize CIC to e-mail my personal information to the individual named above. | <input checked="" type="radio"/> Yes <input type="radio"/> No |

| | | |
|--|---|-------------------|
| 5 Your signature | ▶ | |
| Signature of spouse or common-law partner (if applicable) | ▶ | |
| | | Date (YYYY-MM-DD) |
| Signature of parent or guardian (if applicant is under 18 years of age) | ▶ | |
| | | Date (YYYY-MM-DD) |

NOTE: This consent is only valid for one time use. A new consent form must be filled out for every request that you submit.

The information you provided on this form is collected under the authority of the *Access to Information Act* and the *Privacy Act* and will be used to administer these acts, as well as to process and respond to requests. This information may also be used during consultations with other government institutions during investigations by the Office of the Information Commissioner and the Office of the Privacy Commissioner and during court reviews. It will be retained in Personal Information Bank CIC PSU 901 – Access to Information and Privacy Requests. It may also be shared with other organizations in accordance with the consistent use of information as per paragraph 8(2) of the *Privacy Act*. Pursuant to the *Access to Information Act* and the *Privacy Act*, individuals have the right to the protection of and access to their personal information. Details of these matters are available at infosource.gc.ca and through the Citizenship and Immigration Canada web site.



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| | | |
|--------------------------------|-----------------------|----------------------------|
| 1 Your full name | | Date of birth (YYYY-MM-DD) |
| Family name (surname) SMITH | Given name(s) JOHN | 1991-01-01 |

| | |
|--|-----------------------|
| 2 Your spouse or common-law partner's full name (if applicable) | |
| Family name (surname) SMITH | Given name(s) JANE |

| | |
|---|---------------------------------|
| 3 Your designated individual's full name | |
| Family name (surname) BRIDSON | Given name(s) PATRICIA |
| Immigration Consultants of Canada Regulatory Council (ICCRC) number (if applicable) | E-mail address HELP@CAIPS.CA |

| | |
|---|---|
| 4 Your declaration | |
| • I authorize CIC to release my personal information to the individual named above. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I authorize CIC to e-mail my personal information to the individual named above. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| 5 Signature of spouse or common-law partner (if applicable) | |
|--|--|

| | |
|---|--|
| 6 Your signature | |
| Signature of parent or guardian (if applicant is under 18 years of age) | |
| Date (YYYY-MM-DD) 2013-01-01 | |

NOTE: This consent is only valid for one time use. A new consent form must be filled out for every request that you submit.

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