Immigration et Communautés culturelles
Québec

Payment by credit card

CONFIDENTIAL

CREDIT CARD

☐ **Visa** ☐ **MasterCard** **Number:** |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| **Expiry:** |_|_| (MM) |_|_|_|_| (YYYY)

☐ **American Express** **Number:** |_|_|_|_| |_|_|_|_|_|_| |_|_|_|_|_| **Expiry:** |_|_| (MM) |_|_|_|_| (YYYY)

Amount: |_|_|_|_| **CAN$**

CARDHOLDER

I authorize the ministère de l'Immigration et des Communautés culturelles to charge this amount to my credit card:

_____ _____
Last name of cardholder *First name of cardholder*

X _____ **Date:** _____ / ____ / ____
Cardholder's signature required *(YYYY / MM / DD)*

REASON FOR APPLYING

Certificat d'acceptation du Québec (CAQ - Québec Acceptance Certificate):

- Study ☐
- Temporary work ☐
- Medical treatment ☐

Certificat de sélection du Québec (CSQ - Québec Selection Certificate):

- Skilled worker ☐
- Live-in caregiver ☐
- Self-employed worker ☐
- Entrepreneur ☐
- Investor ☐

Job offer:

- Temporary job offer ☐
- Permanent job offer ☐

- Undertaking – Family class ☐
- Undertaking – Humanitarian sponsorship ☐

Évaluation comparative des études effectuées hors du Québec (Comparative evaluation for studies done outside Québec) ☐

INFORMATION ABOUT THE PRINCIPAL APPLICANT (person making the application)

If the cardholder is not the applicant, please provide the applicant's name and date of birth below.

_____ _____ _____ / ____ / ____
Last name First name Date of birth *(YYYY / MM / DD)*

File no: |_|_|_|_|_|_|_|_|_|_| **Individual reference no:** |_|_|_|_|_|_|_|_|_|_|

For exclusive use of the Ministère