

CANADA VISITOR VISA INVITATION LETTER REQUEST

Attach 1-4 in an email to garnet@cjexpos.com

1. Applicant passport picture page expiring after February 28, 2020
2. Business card or license with city and email address
3. One 2018-19 jewellery sale or purchase invoice for business
4. \$200.00 Canadian application fee payment (payor need not be the applicant)

Payment Authorization by Payor: \$200.00 Canadian

Name of Applicant this payment is for: _____

Payor Name: _____

Payor Address: _____

Payor City: _____ State: _____ Postal: _____

Payor Country: _____ Phone: _____

Payor's Email: _____

Visa _____ Mastercard _____ Paypal _____ Wire Transfer _____ Bank Check _____

Account Number: _____

Card Expiry Date: _____ Card Security Code: _____

Cardholder Address: _____

Cardholder City: _____ State: _____ Postal: _____

Authorizing Date for Credit Card Payment: _____

Authorizing Signature for Credit Card Payment: _____

Paypal & Bank Wire Transfer Contact: TD BANK - Address & Swift number at bank

REMIT TO:

Canadian Jewellery Expos-486 Waites Road, Colborne,Canada,K0K 1S0

Contact- Garnet Irving- phone 1 613-848-5509

Canada Visitor Visa applications received with required documents and \$200.00 registration allows CJExpos to complete a registration confirmation & invitation sent to the email address supplied by applicant. At Canadian government request, only the applicant may contact and forward the registration confirmation to the Consulate.

APPLICANT BUSINESS INFORMATION

Company Name: _____

Company Address: _____

Company Address: _____

City: _____ State: _____ Postal: _____

Country: _____ Phone: _____

APPLICANT INFORMATION FOUND ON PASSPORT

First and Middle Names: _____

Last Name on Passport: _____

Email Address: _____

Title or Position: _____

I am attending CJExpos as a buyer or exhibitor- specify one

Planned Arrival in Canada: _____ Planned Departure from Canada: _____
day/month/year day/month/year

Issuing Country of Applicant: _____

Passport Number: _____

Surname: _____

Other Given Names: _____

Nationality: _____

Date of Birth: _____ Sex: Male _____ Female _____
day/month/year

Passport Expiry- day/month/year (After February 28, 2020): _____

CANADIAN HIGH COMMISSION OFFICE APPLICANT APPLYING TO:

Address: _____

City: _____ State: _____ Postal: _____

Country: _____ Phone: _____

Canadian High Commission Email: _____