



Traveler data / Angaben zum Reisenden

Country to Visit/Reiseland *

Number of Entries/Anzahl Einreisen *

Business - Tourist - Technical *

Last Name/Nachname *

First Name/Vorname *

Nationality *

Email *

Phone / Telefon *

Assistant data / Angaben AssistentIn

Last Name/Nachname

First Name/Vorname

Email

Phone / Telefon

Cell phone/Handy

Billing address / Rechnungsadresse

Company / Firmenname *

Attention of / z.Hd. *

Exact address / Genaue Adresse *

PO-Number/Cost Center/Auftragsnummer/Kostenstelle

Passport return address / Rückversandadr. Pass

Company / Firmenname

Attention of / z.Hd.

Exact address / Genaue Adresse

Return address for passport/Rücksendung Pass *

Send Passport to Billing address/Passversand wie Rechnungsadresse

*For administrative reasons we require credit card payment for private persons.
Aus administrativen Gründen verlangen wir Kreditkartenzahlung bei Privatpersonen.*

Payment/Zahlung *

- Invoice/Rechnung
- Credit Card

Credit Card Number with Expiry Date MM/YY

Number

Expiry Date

Date of request / Datum des Auftrags

Return my passport until: / Pass zurück bis:

Required Shipping / Gewünschte Versandart:

Swiss Post Registered A-Post next working day (Monday-Friday) - CHF 9,00

DHL Courier Standard next working day (Monday-Friday) - CHF 18,50

Courier SAME DAY - price on request

Swiss Post Registered EXPRESS next day (Monday-Saturday) - CHF 22,00

DHL Courier Rapid next working day (Monday-Friday) - CHF 23,50

Courier international - price on request



Consular Service Fly

Visa and Consular Service Bern - Geneva

Required documents:

Canada - Visitor Visa Tourist

Validity of Visa:

3-10 years

Max. Duration of stay:

180 days

Permitted entries:

multiple

- Our Visa Request Form
- Application form Questionnaire PDF - (download from our site, the online application form will be filled by us).
- Original passport, valid at least 6 months beyond return date
- If non-Swiss - Copy Swiss residence permit B, C or G
- Digital passport photo (jpg) - good quality, colored, white background, not older than 4 months
- Travel itinerary
- Confirmation of employment stating the intention to resume work, with start working date - required language: english/french
- Bank statements of the last 3 full months
- Family information form
- Travel history of the previous 10 years (country, purpose of travel, dates of travel - in Word or Excel format)

Submission procedure: We first need all documents by email. Once the visa is available we will

*Our service and responsibility is completed from the moment we post our documents at the Swiss Post or Courier Service.
We are not liable for any delay or loss of documents posted on time.*

• info@consular-service.ch • www.consular-service.ch •

Office Bern

Postadresse: Postfach 9008, 3001 Bern
Domizil: Murtenstrasse 114, 3202 Frauenkappelen
Tel. +41 (0) 31 888 80 80 - Fax +41 (0) 31 888 80 85

Office Genève

Adresse postale: Case postale 1345, 1211 Genève 1
Tel. +41 (0) 22 888 50 80 - Fax +41 (0) 22 888 50 85



Consular Service Fly

Visa and Consular Service
Bern - Geneva

need your original passport to issue the visa in your passport.

Processing time standard application 6-12 months

Processing time express application not available

Processing time urgent application not available

Comment/Remarks

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APPLICATION FOR VISITOR VISA (TEMPORARY RESIDENT VISA)

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

1 UCI	2 * I want service in	3 * Visa requested	OFFICE USE ONLY Validated
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PERSONAL DETAILS

1	Full name *Family name (as shown on your passport or travel document)	Given name(s) (as shown on your passport or travel document)
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2	Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ?	<input type="checkbox"/> * No <input type="checkbox"/> * Yes
	Family name	Given name(s)

3 *Sex	4 * Date of birth YYYY MM DD	5 Place of birth * City/Town	* Country
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6 *Citizenship	
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7 Current country of residence:				
Country	Status	Other	From	To
*	*		YYYY-MM-DD	YYYY-MM-DD

8 Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months?	<input type="checkbox"/> * No <input type="checkbox"/> * Yes			
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD

9 Country where applying: Same as current country of residence? <input type="checkbox"/> * No <input type="checkbox"/> * Yes				
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD

10 * a) Your current marital status	b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship	Date YYYY-MM-DD
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c) Provide the name of your current Spouse/Common-law partner Family name	Given name(s)
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FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE
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This form is made available by Citizenship and Immigration Canada and is not to be sold to applicants.

(DISPONIBLE EN FRANÇAIS - IMM 5257 F)



Applicant Name	Date of Birth
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PERSONAL DETAILS (CONTINUED)

11 a) Have you previously been married or in a common-law relationship? <input type="checkbox"/> *No <input type="checkbox"/> *Yes b) Provide the following details for your previous Spouse/Common-law Partner: Family name Given name(s)			
c) Date of birth	d) Type of relationship	From	To
YYYY MM DD		YYYY-MM-DD	YYYY-MM-DD

LANGUAGE(S)

1 *a) Native language/Mother Tongue	*b) Are you able to communicate in English and/or French? <input type="checkbox"/> *No <input type="checkbox"/> *Yes	c) In which language are you most at ease?
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> *No <input type="checkbox"/> *Yes		

PASSPORT

1 * Passport number	2 * Country of issue	3 * Issue date	4 * Expiry date
		YYYY-MM-DD	YYYY-MM-DD

CONTACT INFORMATION

If submitting your application by mail:

- All correspondence will go to this address unless you indicate your e-mail address below.
- Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.
- If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.

1 Current mailing address						
P.O. box	Apt/Unit	Street no.	* Street name			
* City/Town		* Country		Province/State	Postal code	District
2 Residential address Same as mailing address? <input type="checkbox"/> *No <input type="checkbox"/> *Yes						
Apt/Unit	Street no.	Street name			City/Town	
Country			Province/State	Postal code	District	
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other		
Type	Country Code	No.	Ext.	Type	Country Code	No. Ext.
5 Fax no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				6 E-mail address		
	Country Code	No.	Ext.			

DETAILS OF VISIT TO CANADA

1 * a) Purpose of my visit		b) Other	
2	* From	* To	3 * Funds available for my stay (CAD)
Indicate how long you plan to stay	YYYY-MM-DD	YYYY-MM-DD	
4 Name, address and relationship of any person(s) or institution(s) I will visit:			
1	* Name		
	Relationship to me	* Address in Canada	

Applicant Name	Date of Birth
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DETAILS OF VISIT TO CANADA (CONTINUED)

2	Name	
	Relationship to me	Address in Canada

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)? * No * Yes

If you answered "yes", give full details of your highest level of post secondary education.

1	From	Field of study	School/Facility name	
	YYYY MM			
	To	City/Town	Country	Province/State
	YYYY MM			

EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, Member of Parliament, hospital administrator, employee of a security organization). Do not leave gaps. If retired, not working or studying, please indicate. If you are retired, please provide the 10 years before your retirement.

1	From	* Current Activity/Occupation	* Company/Employer/Facility name	
	* YYYY * MM			
	To	* City/Town	* Country	Province/State
	YYYY MM			

2	From	Previous Activity/Occupation	Company/Employer/Facility name	
	YYYY MM			
	To	City/Town	Country	Province/State
	YYYY MM			

3	From	Previous Activity/Occupation	Company/Employer/Facility name	
	YYYY MM			
	To	City/Town	Country	Province/State
	YYYY MM			

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

1	a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
	c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).			

2	a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
	c) Have you previously applied to enter or remain in Canada?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
	d) If you answered "yes" to question 2a), 2b), or 2c) please provide details.			

Applicant Name

Date of Birth

BACKGROUND INFORMATION (CONTINUED)

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

b) If you answered "yes" to question 3a) above, please provide details.

4 a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)? No Yes

b) If you answered yes to question 4a), please provide dates of service and countries where you served.

5 Are you, or have you ever been a member or associated with any political party, or other group or organization 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? No Yes

6 Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? No Yes

If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.

SIGNATURE

Citizenship and Immigration Canada (CIC), or an organization at CIC' request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? (Y/N) No Yes

I consent to the release to Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD

IMPORTANT NOTE:

This application must be signed and dated before it is submitted by mail.

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

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

Full name	Relationship SEE NOTE 1	Date of birth	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Y M D Country of birth		Present occupation	
	APPLICANT				
	SPOUSE OR COMMON-LAW PARTNER				<input type="checkbox"/> <input type="checkbox"/>
	MOTHER				<input type="checkbox"/> <input type="checkbox"/>
	FATHER				<input type="checkbox"/> <input type="checkbox"/>

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:

Year	Month	Day

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

Full name	Relationship SEE NOTE 2	Date of birth	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada? YES NO
		Y M D Country of birth		Present occupation	
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

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

I certify that I do not have any children, either natural or adopted. Signature: _____ Date:

Year	Month	Day

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

Full name	Relationship	Date of birth	Marital status	Present address (If deceased give city and date)	Will accompany you to Canada?	
		Y M D Country of birth		Present occupation	YES	NO
		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D CERTIFICATION

I certify that the information contained on 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:

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as a temporary resident. It will be stored in Personal Information Bank CIC PPU 055, Visitor Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.

Travel history

Surname, Name – Date of Birth

Year

Destination

Purpose of travel