Consular Service Fly
Visa and Consular Service
Bern - Geneva

Visa Request Form - Visa Auftragsformular

Postfach 9008 • 3001 Bern
Tel. +41 (0)31 888 80 80
info@consular-service.ch
www.consular-service.ch

Angaben zum Reisenden / Traveler date *(pro Auftrag ist nur ein Auftragsformular nötig/Per order only one visa request form is required)*

Reiseland/Country to Visit

Anzahl Einreisen/Numbre of Entries

Business - Tourist - Technical

Nachname/Last Name

Vorname/First Name

Nationalität/Nationality

Email

Telefon/Phone

Angaben AssitentIn/Assitant data *(falls zutreffend/if available)*

Nachname/Last Name

Vorname/First Name

Email

Telefon/Phone

Handy Nr./Cell phone

Rechnungsadresse / Billing address

Firmenname/Company Name

z.Hd./Attention to

falls zutreffend/if available

Genaue Adresse/Exact Address

Rücksendeadresse / Passport return address

Firmenname/Company Name

z.Hd./Attention to

Genaue Adresse/Exact Address

Auftragsnummer/Kostenstelle/PO-Number/Cost Center

Rücksendung Pass/Return address for passport

☐ Gleiche Adresse wie Rechnungsadresse/Same address as billing address

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

Zahlung/Payment

○ Rechnung/Invoice

○ Kreditkarte/Credit Card

Kreditkarten-Nummer

Creditcard number

MM/JJ

Expiry Date

Datum des Auftrags/Date of Request

Pass zurück bis/Passport returend untill:

please avoid sunday as returning date

Wählen Sie die Rücksendung/Select Return Shipment *(gilt nicht für eVisas/not valid for eVisas)*

○ Swiss Post Registered A-Post next working day (Monday-Friday)

○ Swiss Post Registered EXPRESS next day (Monday-Saturday)

○ DHL Courier Standard next working day (Monday-Friday)

○ DHL Courier Rapid next working day (Monday-Friday)

○ Courier - price on request

○ Courier International - price on request

Mit diesem Auftrag erkenne ich die allg. Geschäftsbedingungen der Consular Service Fly GmbH an.
With this order I accept the general terms and conditions of Consular Service Fly Ltd.

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Checklist
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Required documents: Canada - Visitor Visa Business

Validity of Visa:	Max. Duration of stay:	Permitted entries:
3-10 years	180 days	multiple

- Scan of passport, valid at least 6 months beyond return date, good quality, colored
- 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
- Invitation letter: With company stamp, signature, indication of place of activity - Copy/scan sufficient (colored, good quality) - required language: english/french
- Employer's letter (letter of assignment with cost coverage and confirmation of employment) - Copy/scan sufficient (colored, good quality) - required language: english/french
- Confirmation of employment stating the intention to resume work, with start working date - required language: english/french
- 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 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

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

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)

2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? ☐ * No ☐ * Yes

Family name	Given name(s)

3 *Sex	4 * Date of birth	5 Place of birth	
	YYYY MM DD	* City/Town	* Country

6 *Citizenship

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? ☐ * No ☐ * 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? ☐ * No ☐ * 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

c) **Provide the name of your current Spouse/Common-law partner**

Family name	Given name(s)

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

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

PERSONAL DETAILS (CONTINUED)

11 **a) Have you previously been married or in a common-law relationship?** ☐ * No ☐ * Yes

b) Provide the following details for your previous Spouse/Common-law Partner:

Family name	Given name(s)

c) Date of birth (YYYY MM DD)	d) Type of relationship	From (YYYY-MM-DD)	To (YYYY-MM-DD)

LANGUAGE(S)

1 *a) Native language/Mother Tongue	*b) Are you able to communicate in English and/or French?	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? ☐ *No ☐ *Yes

PASSPORT

1 * Passport number	2 * Country of issue	3 * Issue date (YYYY-MM-DD)	4 * Expiry date (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? ☐ * No ☐ * Yes

Apt/Unit	Street no.	Street name	City/Town

Country	Province/State	Postal code	District

3 **Telephone no.** ☐ Canada/US ☐ Other

Type | Country Code | No. | Ext.

4 **Alternate Telephone no.** ☐ Canada/US ☐ Other

Type | Country Code | No. | Ext.

5 **Fax no.**

☐ Canada/US ☐ Other

Country Code | No. | Ext.

6 **E-mail address**

DETAILS OF VISIT TO CANADA

1 * a) Purpose of my visit	b) Other

2 Indicate how long you plan to stay ▶	* From (YYYY-MM-DD)	* To (YYYY-MM-DD)	3 * Funds available for my stay (CAD)

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

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

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

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? ☐ No ☐ 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? ☐ No ☐ 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? ☐ No ☐ Yes

b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country? ☐ No ☐ Yes

c) Have you previously applied to enter or remain in Canada? ☐ No ☐ 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 (Y M D) / Country of birth	Marital status	Present address (If deceased give city and date) / Present occupation	Will accompany you to Canada? YES NO
	APPLICANT				
	SPOUSE OR COMMON-LAW PARTNER				☐ ☐
	MOTHER				☐ ☐
	FATHER				☐ ☐

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 (Y M D) / Country of birth	Marital status	Present address (If deceased give city and date) / Present occupation	Will accompany you to Canada? YES NO
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐

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 (Y M D) Country of birth	Marital status	Present address (If deceased give city and date) Present occupation	Will accompany you to Canada? YES NO
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐
					☐ ☐

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

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*.

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Travel History
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Please enter all travels in the last 10 years (incl. travels to the visa country)

Country	Purpose of travel	from	to