

MSQ Visaenterprise

Your travel-visa and document specialists

MSQ Visaenterprise Ltd 151 Slater St, Unit 707 Ottawa, ON K1P 5H3 Tel: 613.232.6565 Fax: 613.232.8686 Call Toll Free: 1.877.532.6565 www.visaenterprise.com uae@visaenterprise.com

UAE APPLICANT INFORMATION AND PAYMENT FORM

| Name | | | | | | | | |
|---------------------------------------|---|----------------------------|---------------|-----------------------------------|--------------------------|--------------------------------------|---------------------|--|
| First and Last name of applicant | | | | | Date of depa | rture from Canada | | |
| Applicants' contact r | ame (If different from ab | ove) | | | | | | |
| Mailing Address (I | f wa ara raturning | | monto k | ov mail / aguri | or) in Conodo | | | |
| Mailing Address (I Receiver's name | i we are returning | your docu | | by mail / count | er) in Canada | | | |
| Street | | | City | | D | rovince Post | al Code | |
| Slieel | | | Oity | | 1 | | ai coue | |
| Phone / Email | | | | | | | | |
| Day Phone | | Fax / Other | | | | | | |
| Evening Phone Email | | | | | | | | |
| Contact in UAE | | | | | | | | |
| Name | | | | Relationship | | Phone #1 | | |
| Address | | | | e-mail | | Phone #2 | | |
| | | | | | | | | |
| Travel Information | | | | | | | | |
| Arrival date in U/ | Arrival date in UAE Departure date from UAE | | Pur | Purpose of travel Number of ent | | es Length of stay | | |
| 1 YYYY.MM.DD | YYYY.MM.DD YYYY.MM.DD | | | | | | | |
| 2 YYYY.MM.DD YYYY.MM.DD | | M.DD | | | | | | |
| | | I | | | | | | |
| Visa Information | | | | | | | | |
| | | | | ect Processing (business days) | Processing fe | ee X | = | |
| | | | | | | | nber of blicants | |
| Method of payme | at | | | | | | | |
| | , money order or cheque | e (company / ce | ertified only |) - payable to: MSQ | Visaenterorise I td | c | Subtotal | |
| Credit Card type: | Mastercard Visa | company / oc | |) payable to: moq | visuenterprise Eta. | | | |
| Credit Card #: | | Expire | es: M | | | F | IST 13% | |
| I, (please put full nan | ne here) | | | | nterprise to charge my c | ard the amount of: | | |
| | | ill not be well-indeed | | ardholder Signature: | | | | |
| Applications cancelled and | er they have been processed v | nii not be reiunded. | | 0 | | GRAND TOTAL | | |
| Authorization | | | | | | | | |
| I have read the discla | imer and authorize MSG | Visaenterprise I | Ltd. to prod | cess my application | on my behalf. | | | |
| Date: | c | Signature: | | | | | | |
| | | ignatore. | | | | | | |
| Additional Comme | ents / Notes | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| official use only | Received Date | Received Date Receiver's N | | Sender's Name | e Send c | Send out date, courier & waybill No. | | |
| official use only | | | | | | | | |