



FEE PAYMENT FORM - APPLICATION FOR PERMANENT RESIDENCE FEDERAL SKILLED WORKER CLASS

This form must accompany all applications for Permanent Residence under the **Federal Skilled Worker** class. A **separate** payment form is required for **each** application.

Please refer to step 3 of the Federal Skilled Worker instruction guide for acceptable methods of payment. Applications submitted with incorrect payments will be returned.

If you wish to pay by Visa, MasterCard or American Express, please complete the credit card authorization section below.

STEPS TO FOLLOW:

1. Calculate the applicable fee by referring to this table:

Processing Fee	Number of persons	Amount per person	Amount due \$ CAD
Principal applicant	1	x \$ 550	\$ 550
Each family member age 22 or older		x \$ 550	
Each family member under age 22 who is married or in a common-law relationship		x \$ 550	
Each family member under age 22 who is unmarried and not in a common-law relationship		x \$ 150	
Total payment:			

2. Pay by certified cheque, bank draft or money order payable to THE RECEIVER GENERAL FOR CANADA or by Visa, Mastercard or American Express. If you wish to pay by credit card, please complete the credit card authorization section below.
3. Include the payment form and the documents specified in the *Document Checklist* (IMM 5612) with your application.
4. Check the appropriate box to indicate your method of payment:
 - Certified cheque, bank draft or money order (enclosed)
 - Credit card (complete the credit card information below)

CREDIT CARD PAYMENT AUTHORIZATION:

I agree to pay the Receiver General for Canada CAD\$ <input type="text"/> on my credit card for fees related to an application for permanent residence.	(Please indicate the type of credit card with an "X") <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS	
	Credit card number <input style="width: 100%;" type="text"/>	
Name of cardholder (please print)	Expiry date of the card ▶ Month Year <input style="width: 100%;" type="text"/>	
Signature of cardholder	Date ▶ Year Month Day <input style="width: 100%;" type="text"/>	
Name of principal applicant (given name(s), surname)	FOR OFFICIAL USE ONLY ▶ Authorization number <input style="width: 100%;" type="text"/>	