



SERVICE LINKS CANADA INC.

ASSESSMENT FOR USA VISITOR VISA (B1/B2)

IF YOU HAVE ANY TECHNICAL PROBLEMS WITH THIS FORM, YOU MAY CONTACT US DIRECTLY AT: INFO@SERVICELINKS.CA

DATE:

| | |
|--|---------------|
| 1) PERSONAL INFORMATION | |
| LAST NAME | FIRST NAME: |
| DATE OF BIRTH (DD/MM/YYYY) | NATIONALITY:: |
| ADDRESS | |
| EMAIL ADDRESS | MOBILE: |
| 2) QUESTION FOR VISITOR | |
| HAVE YOU VISITED USA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH STATE? | |
| HAVE YOU APPLIED FOR ANY USA OR CANADIAN VISA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REFUSED | |
| REASON FOR VISIT | |
| HAVE YOU RECEIVED AN INVITATION LETTER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HOW LONG WILL YOU STAY IN USA? | |
| NUMBER OF FAMILY MEMBERS TRAVELING WITH YOU | |

CANADA: Unit B 209-2099 Lougheed Hwy, Shaughnessy Square, Port Coquitlam, British Columbia V3B 1A8

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| <p>WHAT WILL BE YOUR FINANCIAL SUPPORT DURING YOUR TRIP IN USA ? ANY PROOF?</p> | |
| <p>ADDITIONAL INFORMATION For Example</p> <p>Sponsorship from USA ?</p> <p>Any Sponsorship from other Friend or Relative in your home county who will support you for this visit ?</p> | |

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