

## REGISTRATION FORM FOR GCMS NOTE SERVICE WITH GCMS4U.COM

### Terms of Service

- GCMS4U.COM is a privately-run website, assisting immigration applicants solely with GCMS notes requests. We are not affiliated with Immigration Canada (IRCC), or any immigration consultant services. We are not responsible for the progress or decisions on your immigration files, nor any information available on your GCMS notes. We do not provide immigration consultation services.
- The processing time is typically 30 calendar days (with 1-2 weeks difference depending on volume of requests received by Immigration Canada). Immigration Canada process all GCMS requests, and we have no control over their processing time.
- The only acceptable method of payment is PayPal. Once the payment is received and the process has been initiated, all fees are typically non-refundable. However, GCMS4U allows you to get partial refund (50% of fees refunded to you), if you decide to cancel your request **after you place the order, and before you receive the GCMS notes**; in such cases, we will retain 50% of your fees for other involved administrative costs. If the personal identity information provided by you does not match with your immigration records, and Immigration Canada is not able to locate your file, you will have an option to amend the information for two times, or receive 50% of fees refunded. You are subject to 5% GST Service Tax payable to Government of Canada.
- If for any reasons, we cannot commit to any one of these policies, a full refund will be initiated immediately; furthermore, your payment is fully protected by PayPal policies against frauds.

By signing below, you are fully aware and agree to all above terms and conditions.

\_\_\_\_\_  
(please sign here)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD/MMM/YYYY

**Information Sheet**  
**(required for all first-time clients with \$30 fee)**

PRINCIPAL APPLICANT DATA	
Last Name (alphabet):	
Given Name (alphabet)	
Date of Birth (DD/MM/YYYY):	
File Number:	
UCI (Unique Client ID):	
Visa Office (if known):	
Mailing Address:	
Email Address:	
Telephone:	

The email address you used, or the receipt ID for your PayPal payment (required for processing):

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The email address you would like your GCMS notes to be sent to:

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Do you wish to obtain contact information (name and email) of the Immigration Program Manager at the office responsible to review your file, *(knowing that the information might not be up-to-date)?*

- Yes
- No

**FORM IMM 5744: Fill out your name, date of birth, sign and date on Section A. If you have a spouse on your file, your spouse must also fill out, sign and date on Section B. PLEASE DO NOT FILL OUT ANYWHERE ELSE.**



## CONSENT FOR AN ACCESS TO INFORMATION AND PERSONAL INFORMATION REQUEST

Complete this form if you authorize the Access to Information and Privacy (ATIP) Division at Immigration, Refugees and Citizenship Canada (IRCC) to release your personal information to someone other than yourself.

Please be advised that you must submit a separate consent form for each individual in your file over the age of 18 if you wish to receive their information as well.

### SECTION A - You must clearly write your name and date of birth

**1 Your full name**

Family name (surname)	Given name(s)	Date of birth (YYYY-MM-DD)
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

### SECTION B - If you are also seeking the information of your spouse or common-law partner in your ATIP request, you must indicate their name and signature

**2 Your spouse or common-law partner's full name (if applicable)**

Family name (surname)	Given name(s)	Date of birth (YYYY-MM-DD)
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

### SECTION C - You must write your designated individual's contact information

**3**

Family name (surname) NGUYEN	Given name(s) AN	Telephone number 5873157551
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Business or Organization Name (if applicable)  
GCMS4U.COM

Immigration Consultants of Canada Regulatory Council (ICCRC) number (if applicable) NOT APPLICABLE	E-mail address INFO@GCMS4U.COM
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**4**

I authorize IRCC to release my personal information to the individual named above by  Mail  Email

\_\_\_\_\_  
Signature of representative

\_\_\_\_\_  
Date (YYYY-MM-DD)

### SECTION D - If the applicant is under 18 years of age, the parent or guardian must complete this section

**5**

_____ Name of parent or guardian (please print)	_____ Relationship	_____ Signature	_____ Date (YYYY-MM-DD)
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**NOTE: This consent is only valid for one time use. A new consent form must be filled out for every request that you submit.**

The information you provided on this form is collected under the authority of the *Access to Information Act* and the *Privacy Act* and will be used to administer these acts, as well as to process and respond to requests. This information may also be used during consultations with other government institutions during investigations by the Office of the Information Commissioner and the Office of the Privacy Commissioner and during court reviews. It will be retained in Personal Information Bank CIC PSU 901 – Access to Information and Privacy Requests. It may also be shared with other organizations in accordance with the consistent use of information as per paragraph 8(2) of the *Privacy Act*. Pursuant to the *Access to Information Act* and the *Privacy Act*, individuals have the right to the protection of and access to their personal information. Details of these matters are available at [infosource.gc.ca](http://infosource.gc.ca) and through the [Immigration, Refugees and Citizenship Canada web site](http://Immigration, Refugees and Citizenship Canada web site).