



A division of RCTC Corporation

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Ph: 1-866-334-0811
Fax: 416-352-1794

1. Please provide your contact information:

Last Name: _____ First Name: _____

Phone: (____) ____ - _____ Email: _____

2. Returning documents

- FedEx Priority Overnight (\$25 to Canada; \$35 to continental US)
- Use my pre-paid courier. Self-address waybill & envelope are attached (FedEx, DHL, Purolator & UPS only)
- I will pick up my passport from your office

Name : _____ Street address : _____

Phone: (____) ____ - _____ Suite : _____

City : _____

Prov/State : __ Postal Code/Zip: _____

3. Payment

Service cost \$ _____ + 5% GST \$ _____ + Courier \$ _____ = TOTAL \$ _____

Method of Payment :

- I enclose a certified cheque / money order made out to "RCTC Corporation"
- Charge my credit card (Charges on your statement will appear as "RCTC Corporation")

I authorize RCTC Corp to charge my card the above TOTAL amount.

_____ signature here

- Visa
- MasterCard
- AMEX

Card Number:

Exp. Date (mm/yy):

__ / ____

CCard Billing Address: _____

street address

Cardholder Signature:

_____ city state/province zip/postal code

4. Terms and Conditions:

By using the services of RCTC Corp., I authorize the company to handle my personal information and my passport and to hand over such passport and information to a foreign diplomatic mission in Canada or the USA for the purpose of acquiring a visa. By using the services of RCTC Corp I am accepting in whole the following terms and conditions and limitations: RCTC Corp. cannot and does not guarantee a visa will be issued by a diplomatic office, as this is the sole prerogative of the foreign government. RCTC Corp. is not responsible for the safety or security of your passport once the passport has entered the diplomatic grounds or passed into the control of the courier. RCTC Corp. is not liable for any stolen or lost passport, and has no liability for late delivery of passports and visas, and RCTC Corp. does not bear any financial, legal or other obligations whatsoever for client ticket or other purchases, down payments, bookings or any kind of travel or other arrangements that were done prior to the issuance of visa or that may be affected by processing times or denial of visa. Likewise, RCTC Corp. does not bear any financial (or otherwise) responsibility from issues arising from errors and improper issuance of visas by the consulates; for losses resulting from, and does not compensate for travel expenses arising from any of the above. RCTC Corp. will charge \$50.00 per passport for cancelled visa applications. **I understand and fully accept the abovementioned.**

Name _____ Signature: _____ Date: _____

Major credit cards accepted



الجمهورية الجزائرية الديمقراطية الشعبية
PEOPLE'S DEMOCRATIC REPUBLIC OF ALGERIA

Embassy of Algeria Ottawa

طلب تأشيرة

نوع التأشيرة
Visa type

VISA APPLICATION

اللقب Family name الاسم Given name الإسم قبل الزواج Maiden name تاريخ و مكان الميلاد dd / MM / yyyy Date and place of birth ابن Father's name الوضعية العائلية (*) أعزب متزوج Marital status(*) Single Married الجنسية الحالية Nationality العنوان الشخصي Home address		الاسم Given name إسم آخر Other name في Country و Mother's name ذكر الجنس أنثى Sex(*) M F المطلق أرمل Divorced Widow (er) الجنسية الأصلية Nationality of birth		Please glue your photo here
HUSBAND - WIFE (must be filled) الزوج اللقب Family name تاريخ و مكان الميلاد dd / MM / yyyy Date and place of birth		الاسم Given name الجنسية Nationality البلد Country		
Children الأطفال Not to be filled only if they travel with you لا يملأ إلا في حالة سفر الأولاد الاسم و اللقب Family name – Given name تاريخ الميلاد Dd/mm/yyyy Date of birth مكان الميلاد Place of birth الجنسية Nationality		رقم الطلب Application Number تاريخ الإيداع Received on		عدد مرات الدخول المرخصة Nbr of authorised entries
Type of travel document جواز سفر عادي Ordinary Passport وثيقة أخرى (توضيح) other document (please be specific)..... رقم number الصادر issued on ينتهي في by dd / MM / yyyy Expire on		مدة الإقامة Duration of journey تأشيرة مطلوبة للدخول (*) مرة واحدة مرتين عدة مرات من إلى dd/ MM/yyyy dd/MM/yyyy Number of entries (*) 1 entry 2 entries multiple entries from to		مدة الإقامة Duration of journey
المهنة occupation العنوان المهني address of the compagny.....		المستخدم name of the company.....		الضريبة المستحقة Fees
الوجهة النهائية في حالة عبور IN CASE OF TRANSIT : Final destination هل لديكم تأشيرة دخول لهذا البلد (*) Do you have a visa for this country (*) العنوان أثناء الإقامة Address during your journey..... غرض الإقامة Purpose of journey..... مدة الإقامة 30 يوم 90 يوم Others (be specific) اخر Duration of journey 30 days 90 days		تاريخ صدور التأشيرة Issued on		التاريخ المحدد للاستعمال Expiry date :
هل سبق لكم الإقامة بالجزائر Have you been to Algeria before? كم في أي تاريخ how many times?..... When ? مدة الإقامة Duration of stay.....		رئيس المركز (الإمضاء و الختم) Officer (Signature and stamp)		التاريخ، و أمضاء المعني(صاحب الطلب) DATE AND APPLICANT'S SIGNATURE

ألتزم بمغادرة الإقليم بعد انقضاء أجل التأشيرة التي ستمنح لي و بعدم قبول أي عمل مأجور أو غير مأجور خلال إقامتي، و بعدم الإقامة بصفة عفائية

I undertake to leave the Algerian territory at the expiration of the visa which would be granted to me, and to refuse any employment being paid or not, during my journey and to not establish me there

هام تملأ جميع الخانات بحروف واضحة، في حالة خطئ أو عدم ملئ بعض الخانات لن يرد عن طلبكم

IMPORTANT :Please print in block letters. INCORRECT INFORMATION WILL RESULT IN REFUSAL OF VISA APPLICATION.

(*) put the Cross in the category corresponding to your answer.

(*)ضع علامة × في الجواب المختار