



# DUPLICATE EVALUATION REPORT ORDER FORM

International Credential Evaluation Service

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

F 604.435.7033

## PERSONAL INFORMATION

Surname (Family Name)		Given Name	ICES Client Number	
Mailing Address				
(2nd line if necessary)			Email	
City/Town/Village	Province/State	Postal Code	Country	
Home Phone (include country & area code if relevant)		Date of Birth (dd/mmm/yy)	Number of copies to be sent to me at the above address:	

## REPORT ORDER FORM

Number of copies to be sent to the address below			
Institution/Organization Name			
Mailing Address			
City/Town/Village	Province/State	Country	Postal Code
Contact Name			

Number of copies to be sent to the address below			
Institution/Organization Name			Contact Name
Mailing Address			
City/Town/Village	Province/State	Country	Postal Code

## FEE

Fee for each copy of your evaluation report: \$20.00 Cdn.		<input type="checkbox"/> Regular Mail (no fee)
Total number of copies ordered      x \$20.00 +      courier cost (if applicable) = \$      Cdn.		<input type="checkbox"/> Courier (in Canada \$26; outside Canada \$75)
<b>Note:</b> Courier deliveries cannot be made to post office box numbers. If your only address is a post office box number, please provide us with a street address or we may have to default to regular mail for the return of your documents and evaluation report.		

## PAYMENT METHOD

How would you like to pay for your additional copies?				
<input type="checkbox"/> Cashier's Cheque	<input type="checkbox"/> Certified Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> American Express	
<input type="checkbox"/> VISA or MasterCard	<input type="checkbox"/> Traveller's Cheque	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Cash	<input type="checkbox"/> Debit or Cheque Card (in person only)
If you wish to pay your fees by credit card, please enter the number here			Expiry Date (mo./yr.)	
VISA/MasterCard	AMEX			
3 Digit CVV Number (back of card)	Cardholder Signature			

In accordance with the British Columbia Freedom of Information and Protection of Privacy Act, I authorize the International Credential Evaluation Service to send the official copy of copies of the ICES Evaluation Report as I have indicated above.

Client Signature	Today's Date
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