



# Victoria International College of Business & Technology

The institution is registered and the program is approved, in accordance with the Private Career Colleges Act, 2005 (PCCA)

306 Consumers Road, Toronto, Ontario, Canada M2J 1P8

Tel: (416) 665-6668 Fax: (416) 665-8111

Thank you for applying to Victoria International College!

When we receive your application documents and application fee, please allow up to 3-5 Business days for processing.

## APPLICATION CHECKLIST:

- Completed application form
- Application fee of CAD \$200 for diploma program (the application fee is non-refundable and is required for the application to be processed)
- Ontario Secondary School Diploma or equivalent
- Transcript
- Proof of English Language Proficiency (If applicable)
- Copy of Passport
- Copy of valid Study Permit (if you have one)

Please note, we require high quality scans of your original documents:

- PDF format only
- Scanned in color
- Full pages, scanned front and back
- Name each document with your full name, and type of document
- Documents in a language other than English must be accompanied by a notarized or certified English translation.



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## Personal Information:

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth (YY/MM/DD): \_\_\_\_\_ Gender:  Male  Female

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Permanent address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Canadian address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone number (Canada): \_\_\_\_\_ Phone number (International): \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact in Canada: Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

## Current Status :

I am holding a  Study Visa  Work Visa  Others \_\_\_\_\_

I am currently living in  Canada  Others \_\_\_\_\_

## Agent /Representative Information :

Name: \_\_\_\_\_ Agents company \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Program Information:

Name of Program interested:  PSW  ECA  Computerized Accounting  Software Development

Intake Date (YY/MM/DD): \_\_\_\_\_ International Student:  Yes  No

## Education Background and English Language Qualification:

### English Language Qualification:

What is your first language?	
Please specify your test name, test date and score received.	Test name and score: Test date:

### Education Background:

Post-secondary Institution Name	
Country and Date attended	Country: Date attended:



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## Signature and declaration of applicant

1. I declare that the information I have provided is actually correct and complete.
2. I authorize Victoria International College verify information submitted as part of this application package. I understand that if false documents are submitted to Victoria International College, my application or registration will be canceled.
3. I understand that Victoria International College has the right to request additional documentation or credential information.
4. I understand the application fee is non-refundable and that my application will not be processed until this fee is received.
5. I agree to purchase medical insurance, as determined by Victoria International College, as part of my academic program. I understand this is a mandatory policy.
6. I understand that my admission is subject to an assessment of my qualifications and the availability of classroom seats. Admission to the College does not guarantee the availability of any individual course.
7. In consideration of Victoria International College registering me for an academic program, I hereby Victoria International College its officers, employers, servants, agents, contractors, and subcontractors from any and all claims and waive any and all claims I may have now or in the future against Victoria International College, its officers, employers, servants, agents, contractors, and subcontractors that arise out of or are related in anyway to my involvement in any program and all associated activities.

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Signature

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Date



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## Payment Agreement

### VIC Program Price List

	Program	Delivery Method	Length	Tuition	Books	Other Fees	International Fee
1	Computerized Accounting	In-Person/Hybrid	28 weeks	\$8,625.00	\$650.00	\$0.00	\$3,000.00
2	Early Childcare Assistant	In-Person	26 weeks	\$4,600.00	\$185.00	\$163.00	\$3,000.00
3	NACC PSW 2022	In-Person	30 weeks	\$5,280.00	\$250.00	\$350.00	\$3,000.00
4	Software Development	In-Person/Hybrid	28 weeks	\$10,925.00	\$950.00	\$0.00	\$3,000.00

I, \_\_\_\_\_ hereby agree to pay, or see to payment of the fees indicated above, in accordance with the terms of this Enrolment Contract.

Method of Payment:

Debit Card  Cheque  Money order  Credit Card  E-transfer  Cash  Wire Transfer

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Credit Card Authorization

Name as it appears on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

CV Code: \_\_\_\_\_ Cardholders Signature: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize CJ Trading International Inc. o/a Victoria International College of Business & Technology to process the above credit card on or after the agreed upon date in the Payment Plan Schedule.

I, \_\_\_\_\_ have read, understand & agree to follow the payment plan schedule for my payment. I also acknowledge that not following the above schedule, may result into receiving warning letter, suspension or expulsion as per the student handbook policy.

✳ The following section is to be completed by the college.

Payment Plan Schedule			
Total Amount Due:	\$		
Due Date: (dd/mm/yy)	Amount Due:	Receipt No.	Balance
1. Registration Fee (non-refundable)	(\$200.00)		
2. Tuition fees			
3. Tuition fees			

September 14, 2023

HOW TO PAY

CJ TRADING INTERNATIONAL INC

At Scotiabank

This form specifies the information the remitter must provide when sending Payment Transfers (wire payments) that are destined for Canada.

Please find below the payment details required for you to transfer funds to

CJ TRADING INTERNATIONAL INC

Beneficiary Bank Information	
Beneficiary Bank Name:	The Bank of Nova Scotia
SWIFT Code/BIC:	NOSCCATT
Canadian Clearing Code:	CC0002 34876
Beneficiary Bank Address:	ADDRESS BRIDLEWOOD MALL, 2900 WARDEN AVENUE CITY SCARBOROUGH PROVINCE ON POSTAL CODE M1W 2S8 COUNTRY Canada

Beneficiary Customer Information	
Beneficiary Account Number:	030120011215
Beneficiary Account Name:	CJ TRADING INTERNATIONAL INC
If deposited in a Euro account please tick	<input type="checkbox"/> Euro Account* * Do not convert
Beneficiary Address:	ADDRESS 306 CONSUMERS CITY NORTH YORK PROVINCE ON POSTAL CODE M2J1P8 COUNTRY Canada

Ordering Customer (Remitter) Required Information
The full legal name, address and account number or other reference number, if any, of the Ordering Customer (Remitter) is required. This is as per Canada's Proceeds of Crime (Money Laundering) and Terrorist Financing Act and in accordance with the Financial Action Task Force Special Recommendation VII.