



Payment Remittance Form

A: Personal Identification

First Name: _____ Surname: _____

Street Address: _____ Apt. No.: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Phone Number: _____

Email Address: _____

B: Payment Description

Reason for Payment: IAP Application Fee Late CERB Fine Oral Review Fee

Other (specify details): _____

Payment Amount: \$ _____

C: Payment Information

Please Select One: Visa MasterCard Cheque (payable to AIBC)

Cardholder Name: _____

Account Number: _____ / _____ / _____ / _____

Card Expiry Date (MM/YYYY): _____ / _____

Signature of Cardholder: _____ Date: _____