

GENERAL INQUIRIES

PLEASE FILL OUT THE FORM IN ENGLISH

Application for:

Visitor Visa
 Study Permit
 Express Entry
 Other: _____

Family Name (Last Name)		Given Name(s) (First & Middle Name)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Year / Month / Day
Place of Birth	City, Country	Citizenship (Nationality)	
Email		IELTS	Reading: _____ Listening: _____
Telephone			Speaking: _____ Writing: _____

Do you have a travel history? Yes No If yes, please fill out below.

City, Country	Purpose of the trip	From (YYYY/MM/DD)	To (YYYY/MM/DD)

Do you have Schengen visa? Yes No Do you have any other visa? (Yes: _____ No)

EDUCATION HISTORY

	Name of School	City, Country	Program/Major	Starting Date (YYYY/MM)	Graduation Date (YYYY/MM)
High School					
College/University					
Masters Degree					
PhD or others					

EMPLOYMENT HISTORY (PAST 10 YEARS, STARTING FROM CURRENT)

1	From (YYYY/MM)	Occupation	Company/Employer
	To (YYYY/MM)	City/Town	Country
2	From (YYYY/MM)	Occupation	Company/Employer
	To (YYYY/MM)	City/Town	Country
3	From (YYYY/MM)	Occupation	Company/Employer
	To (YYYY/MM)	City/Town	Country

What is your marital status? <input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
If you're married or in common-law: Date of your marriage (YYYY/MM/DD):			
Your spouse's Family Name		Given Name(s)	
Date of birth		Occupation	
Highest Education Major:		IELTS <input type="checkbox"/> Yes <input type="checkbox"/> No	Overall: L: R: W: S:
Have you been previously married or in common-law relationship? <input type="checkbox"/> Yes (Married / Common-law) <input type="checkbox"/> No			
Full name:	Date of birth (YYYY/MM/DD):	From(YYYY/MM/DD):	To(YYYY/MM/DD):

BACKGROUND INFO

Do you or your spouse have any health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	Do you or your spouse have any criminal convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Did you serve in any military?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: From – To (YYYY/MM) Position, location	Have you previously applied for visa in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: Which visa, Year, month
		If yes, was the application approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Date of birth (YYYY/MM/DD)	Gender

Do you or your spouse have any family members in Canada which are Canadian Permanent resident or citizen?	
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IF YOU ARE THINKING ABOUT BUSINESS IMMIGRATION, PLEASE FILL OUT BELOW

What is your total net worth? (Property, cash, savings, funds, stock, bond etc)	
What is the minimum amount of money you can invest?	
What is the maximum amount you can invest?	
What kind of business would you like to open?	
Do you have a partner in Canada you would like to work with?	

Have you ever lived in another country for more than 6 months in the past 5 years?
 Yes No If yes, please fill out below.

City, Country	Status (Visit, Study, Work)	From (YYYY/MM/DD)	To (YYYY/MM/DD)