QUESTIONNAIRE

Note: This form must be filled out separately by the main applicant, his/her spouse (if any), and all children aged 18

No	te: All information in this form must be completed very accurately.
A.	YOUR FULL NAME:
В.	YOUR ADDRESS:
C.	YOUR EMAIL:
D.	YOUR PHONE NUMBER:
1-	How many years have you studied at any of the under-age levels?
	Primary and secondary school:
	High School:
	University or Higher Education Center:
	Vocational training or other full-blown training:
	- Enter the list of completed courses from high school diploma onwards in order from new to old in the table below. Insert dates into Gregorian. The type of document issued can be one of the following:
In	dicate the TOTAL number of years of studies; from elementary to university:
	High School Diploma
	Associate (or equivalent)

Only provide information about your university and technical certificates.

Undergraduate (or undergraduate equivalent)

Master (or master's equivalent)

Ph.D.

Postdoctoral Technical Career

	_	FR	.OM	T	0	Name of			Type of document	
	Row	Y	M	Y	M	educational institution	City	Country		Field of Study
	1									
	2									
	3									
	4									

- 2- Enter your records in the table below. These records must be written from the age of 18 to the present (if you are over 28 years old only 10 years old) and from the most recent to the oldest. In the activity column, if you have been working, write your job title. If you have not been working, use titles such as unemployed, student, traveling, in prison, in detention, writing books, serving under the banner, etc. Note that there is no distance between dates. Enter all dates into Gregorian. In the residency status column in that country enter one of the following options:
 - Function (i.e., citizen)
 - Permanent resident (such as those with a U.S. Green Card)
 - Work visas(those with work permits in that country)
 - Student visas(those with study visas in that country)
 - Asylum seeker (in that drawer)
 - etc. (explain what the case is)

	FRO	M	Т	О				The status of	Company Name-
Row	Y	M	Y	M	Activity	City	Country	the persuasion in that country	Company Name- Employer- Location
1									
2									
3									
4									
5									

3. In the table below, list of parties, associations, organizations or political, student, social, trade unions, or professional/occupational organizations that you have been a member of, from new to old. It's okay to go between times or be a member of more than one organization at a time. If you are not a member of any organization, leave this table blank.

	FRO	OM	TO)	Organization	Type of activity of	Your role and		
Row	Y	M	Y	M	Organization Name	Type of activity of the organization	activity	City	Country
1									
2									
3									
4									
5									

4- In the table below, enter your government jobs and titles from new to old. These titles and occupations can include police officers, civil servants, judges, parliamentarians, prosecutors, etc.

Row	FROM	Л	ТО		Country	C'4	Organization	Dana a sh /Dana a sh	Job Titles & Activities
Kow	YY	M	YY	M	Country Ci	City	Activities	Branch/Branch	Job Titles & Activities
1									
2									
3									
4									
5									

5- Enter the records of military service or service in the army or army (compulsory or cadre or voluntary) from new to old in the table below. Dates are AD. If you have military activity in more than one country, copy this table and write for each item in which country it was.

FROM		то		Name of the organization (e.g. army)	Division (e.g. Air Force)	Unit name (e.g. battalion)	Commander's name	Category & Grade	History and Location of military conflict
YY	MM	YY	MM						

6- Mention your home addresses from the age of 18 to the present day from new to old in the table below (if you are 28 or older only mention the last 10 years). *Note that there is no space between dates. All dates are AD*.

HOME ADDRESS IN THE LAST 18 YEARS OF AGE										
FROM-TO	Country-City	Address								
(YY-MM)										
		ļ								

7- Each member of the family needs to provide me their Height and Eye Color

	NAME OF FAMILY MEMBERS:	HEIGHT:	EYE COLOR:	
I (full na	me)	on (date)		I have
complete	ed this form and certify that the c	ompleted information is accurate	e and fact-based.	
	CLIENT SIGNATURE			