# GOLDEN PATHWAY IMMIGRATION INC.

Client Information Form (To be filled by Applicant )

**UCI NO (if any) :** _____ **Application Number (if any) :** _____

1- Have you applied to Canada before? (If yes, please provide details): _____

2- Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory? (If Yes, please provide details):

_____

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| | | | |
|---|---|---|---|
| 1. | First Name – | Middle Name – | Last Name – |
| | | | |
| 2. | Date of Birth ( D.O.B) – YYYY MM DD<br>( ) ( ) ( ) | | 3. Place of Birth – |
| 4. Colour Of Eyes - | | 5. Height - | 6. Gender - |
| 7. | Contact Number - | | 8. Email Address – |
| 9. | Status In Canada (if Applicable) – | | 10. Nationality – |
| 11. | Address in Home Country – | | 12. Current Address – |

| | | |
|---|---|---|
| 13. | Recent Passport Number – | 14. Old Passport ( If applicable) – |
| | Country of Issue – | Issue Date – Expiry Date |

## PERSONEL INFORMATION -

## MARTIAL STATUS INFORMATION

- Marital Status: Married put 'M' in the box; Unmarried/Single put 'S' in the box; Divorced put 'D' in the box; Widowed put 'W' in the box

| | | |
|---|---|---|
| 15. Marital Status: Married ☐ Unmarried ☐ | | 16. Date of Marriage – |
| 17. Spouse's First Name - | 18. Spouse's Middle Name- | 19. Spouse's Last Name - |
| 20. Place of Birth – | | 21. Spouse's Date of Birth – Y M D |
| 22. Spouse Email id – | | 23. Occupation – |
| 24. Spouse Address - | | |

## IF MARRIED PREVIOUSLY

| | |
|---|---|
| 25. Date of Marriage – Y M D | 26. End date of Marriage – Y M D |
| 27. Spouse First Name – | 28. Spouse Last name – |

## MOTHER'S DETAILS

29. First Name -

30. Middle Name -

31. Last Name –

32. DOB –

Y M D

33. If deceased, date of Death –

Y M D

34. Place of Birth -

35. Occupation –

36. Current Address –

37. Contact Details –

## FATHER'S DETAILS

38. First Name -

39. Middle Name -

40. Last Name –

41. DOB

Y M D

42. If deceased, date of Death -

Y M D

43. Place of Birth -

44. Occupation –

45. Current Address –

46. Contact Details –

## 47. EDUCATION HISTORY OF AN APPLICANT

| Degree | From (DD/MM/YY) | TO (DD/MM/YY) | INSTITUTE | CITY (ADDRESS) | FIELD |
|---|---|---|---|---|---|
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## 48. Work Experience for last 10 Years

| Company Name | From (DD/MM/YY) | TO (DD/MM/YY) | DESIGNATION/ JOB | CITY (ADDRESS) COUNTRY |
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| 49. Address of Places - Applicant lived Since 18th Birthday | | | | |
|---|---|---|---|---|
| **SR NO** | **From (DD/MM/YY)** | **TO (DD/MM/YY)** | **ACTIVITY ((STUDYING/JOB/UNEMPLOYED)** | **CITY (ADDRESS) COUNTRY** |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |

| 50. TRAVEL HISTORY- Details of travel outside the country of residence and origin. | | | | |
|---|---|---|---|---|
| **SR NO** | **From (DD/MM/YY)** | **TO (DD/MM/YY)** | **Purpose of Travel** | **CITY (ADDRESS) COUNTRY** |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

| | | | | |
|---|---|---|---|---|
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

## 51. Brothers and Sisters of main Applicant

| Name | Relation | DOB | Occupation | Martial Status | CITY (ADDRESS) COUNTRY |
|---|---|---|---|---|---|
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## 52. Children of main Applicant

| Relation (son/Daughter) | Full Name | DOB | Place Of Birth | Height (inches/ cms) | Passport Number | Eye Colour | Martial Status | Current Address |
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## 53. Relatives (IF ANY IN CANADA)

| Name | Relation with an Applicant | DOB | Occupation | Current (ADDRESS) | Martial Status | Status In Canada |
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## 54. Language Test Results ( IELTS/ CELPIP/PTE/TEF)

*Please attach a copy of your language test certificate

| Name | Relation with the Applicant | Listening | Writing | Reading | Speaking | Overall | Date of Test |
|---|---|---|---|---|---|---|---|
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| 55. CANADIAN EVALUATION OF EDUCATION<br>*Please attach a copy of certificate | | | | |
|---|---|---|---|---|
| **Name** | **Relation with an Applicant** | **Year of Evaluation** | **Name of Registered body** | **Level of Evaluation** |
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## 55. Please read the following and answer carefully:

## (Applicable to all family members in the application)

**a) Have you ever been convicted of, currently charged with, on trial for, or party to any crime/offence in any country?**

| YES | NO | (If yes provide details below) |
|---|---|---|
| | | |

**b) Have you ever had any disease or physical or mental disorder?**

| YES | NO | (If yes provide details below) |
|---|---|---|
| | | |

**Important Note:**

- In the course of filling out your application, we use the information submitted in this form in order to assess and complete your application. You certify that all the information you have provided in this application is accurate and up-to-date by signing the application.
- In the event of any changes in your personal circumstances, please inform us at the earliest.

Date:

Signature:

# ADDITIONAL INFORMATION