



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):

1.	First Name – _____	Middle Name – _____	Last Name – _____
2.	Date of Birth (D.O.B) – YYYY MM DD (____) (____) (____)		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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49. <u>Address of Places - Applicant lived Since 18th Birthday</u>				
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. <u>TRAVEL HISTORY- Details of travel outside the country of residence and origin.</u>				
SR NO	From (DD/MM/YY)	TO (DD/MM/YY)	Purpose of Travel	CITY (ADDRESS) COUNTRY
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[illegible][illegible]

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

55. <u>CANADIAN EVALUATION OF EDUCATION</u> *Please attach a copy of certificate				
Name	Relation with an Applicant	Year of Evaluation	Name of Registered body	Level of Evaluation
_____ _____ _____	_____	_____	_____	_____
_____ _____ _____	_____	_____	_____	_____
_____ _____ _____	_____	_____	_____	_____

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

YES _____	NO _____	(If yes provide details below)
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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: _____

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