



MAIN QUESTIONNAIRE NIKTA AMINIAN IMMIGRATION AND CITIZENSHIP SERVICES *Regulated Canadian Immigration Consultant R709751*

درود بر شما هموطنان عزیز، لطفا در صورت امکان فرم زیر را با حروف لاتین پر بفرمایید. اگر از پاسخ برخی سوالها مطمئن نیستید بخش مورد نظر را خالی بگذارید. با تشکر از شما عزیزان

1. Applicant's personal information

Name	Family name	Date of birth	Phone Number	Email

2. Job History (last 15 years)

Company name	Job title	Company address	From	to

3. Home Address History (last 15 years)

Address	Postal Code	From	To

4. Marital Status: Are you currently married? (Please select one: Yes / No)

(a) Did you have any previous marriages? (Please select one: Yes / No)

(b) If yes, please specify divorce date and your previous spouse information: _____

Spouse's first name	last name	Date of birth	Date of marriage	

5. Children: Do you have any children? (Please select one: Yes / No)

Child's first name	last name	Date of birth	Additional notes?

6. Education History:

Institution name	Education level	Program name	From	To	Address

7. Language Proficiency: Which language do you prefer? (Please select one: English / French)

If you selected yes, please specify the details bellow:

Test name	Test date	Reading	Writing	Speaking	Listening

8. Did you travel out the country in the last 15 years? (Please select one: English / French)

If you selected yes, please specify the details bellow:

Date travelled	Date returned	Country	City	Reason

9. Parent number 1 one information (procedural information, only for the formal clients)

If parent deceased, please provide the date: _____

First name	Family name	Date of birth	Address

(a) Parent number 2 two information (procedural information, only for the formal clients)

If parent deceased, please provide the date: _____

First name	Family name	Date of birth	Address

10. Emergency contact information

Name	Family	Address	Email	Phone number	Relation

I confirm that the information provided is accurate, true and correct to the best of my knowledge.

Applicant's Signature: _____

Date: _____