

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 بفرماید. 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
		B)	

2. Job History (last 15 years)

Company name	Job title	Company address	From	to
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Office Address: 217-7163 Yonge Street, Markham, ON, L3T OC6, Canada Telephone Number: +1 (416) 856-9040 Email Address: nniktaaminian@yahoo.com Website: NIKTAAMINIAN.CA Instagram & LinkedIn: nikta.aminian

3. Home Address History (last 15 years)

Address	Postal Code	From	То
			-05
			.160
			5

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	
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		.4'0		
		(6)		

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

Child's first name	last name	Date of birth	Additional notes?
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6.	Edι	ucation	History	/ :
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Institution name	Education level	Program name	From	То	Address
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					160

7. Language Proficiency: Which language do you prefer?	? (Please select one: English / French)
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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 numbe	r 1 one i	nformati	on (procedural ir	nformation, only	for the formal cl	ients)
If parent decease	ed, pleas	e provid	le the date:			
First name	е	Fa	amily name	Date of birt	th	Address
(a) Parent numbe	er 2 two	informat	ion (procedural i	nformation, only	for the formal c	lients)
If parent decease	ed, pleas	e provid	le the date:		C	5/
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First name	е	Fa	amily name	Date of birt	th	Address
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10. Emergency c	ontact ir	nformatio	on	BCitil		
Name	Far	nily	Address	Email	Phone number	Relation
			18/2			
Millie						
I confirm that the i	information	on provid	ed is accurate, tru	e and correct to th	ne best of my kno	wledge.
Syl:						
Applicant's Signat	ure:					
Date:						

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