#### **Immigration to Canada under Quebec Immigration program:**

Form for client to provide information

Please complete all sections of the form to do assessment; If you are married, spouse must also complete the form;

(1) Personal Identification	cation:											
Surname				First name								
Any other name you used	l in past:											
Date of Birth		Place	of Birth	Prov	vince/State	)	Co	untr	ry			
Citizenship	Nation	ality /if a	applicable			Passpo	rt NO					
(2) Current Marital S	status:											
☐ Single ☐ Married ☐ [			iage void □			Separate	ed 🗆 🏻	Divo				
Date and Place o	f marriag	4		(	City				Country	У		
Year Month		Date										
Married More then Once?	 P □ Yes	□ No.										
(3) Permanent Addre	ess:											
Permanent address:												
Mailing address:												
Tel: (H)			Work				E-mail:					
Fax: (H)			Work									
(4) Dependent who	will acc	compa	nv vou to (	Quel	bec:							
Surname	First na		Relationshi			ate of Bi	rth		City of Birth	Country		
			applican	ıt	Year	Мо	Day					
(5) Address of your wi	fe and c	hildren	if they are no	ot liv	ing with y	ou at p	resent:					
Address		City			Со	untry			Tel:	Fax:		

(6) Education:

Elementary	Number of years	Language of instruction	Post Secondary	Number of years	Language of instruction
Secondary	Number of years	Language of instruction	University	Number of years	Language of instruction

(7) School Education:

Laval		Eleme	entary		Graduation				Post Secondary			
Duration	From		To		From		То		From		To	
Baration	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month
Name of school												
Specialization												
Certificate obtained												

(8) University Education:

Laval	Und	lergraduat	e / Bache	elor's	Graduation/Masters				Post Graduate / Ph.D.			
Duration	From		То		From		То		From		То	
	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month
Name of Institute												
Specialization												
Diploma/degree												
obtained												
Other study												

(9) Work experience:

Duration				Name and address of Employer	Position Held	Main Responsibility
From To						
Year	Month	Year Month				

(10) Language skill:												
F	rench		English									
Comprehension												
Speaking												
Reading												
Writing												
What is your mother tongue?		· · · · · · · · · · · · · · · · · · ·		<b>,</b>								
Do you speak any other languages?	If yes, Please	specify										
(44) A		_										
(11) Are you member of any Duration	association	Name and address of association	Type of association	Position Held								
	From		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Year Month Year	Month											
(12) Have you applied for	any of th	e following?										
		<b></b>	D /									
Temporary residence status in Cana	ida? □No	Yes. Province	Date Application denied □ Appli	action denied								
		□ Application accepted □	Application deflied — Appli	cation deflied								
Immigration status in Canada or any	other country?	No □Yes. Province	_Date									
	•		d □ Application denied □ A	pplication denied								
(42) (A) Are year Commonthy steering	in Oughasi F	No 🗖 was If was almos when										
(13) (A) Are you Currently staying	in Quebec? ∟	No □ yes. If yes, since when _										
(B) Please indicate reason and durate	tion of your sta	y in Quebec.	Dates									
( )	,	,										
Tourism □No □ Y												
Work No												
Studies No Y												
Refugee No D				<del></del>								
Business												
Other No	res											
/4 /\ \	! Ol	(14) Your intended occupation in Quebec:										
(14) Your intended occupation	on in Quebe	ec:										
(14) Your intended occupation	on in Quebe	PC:										
			□ in writing □ Verbally									
(14) Your intended occupation (15) Do you have job offer from a C			□ in writing □ Verbally									

(16) Do	you have	e any rela	atives in	Quebec? □ No □ Yes If yes, Please give de	tail			
		me		Address		Relationship		
(47) \	lhat amai	unt of mo		con being in to Overhead	CD\$			
(17) W	nat amot	unt or mo	niey you	can being in to Quebec?	СД\$			
(18) P	lease gi	ive addı	ress of	your last 10 years of residence:				
		ation		Address	City and state	Country		
Fr Year	From From Year Month Year Month		om Month					
I Cal	IVIOTILIT	i eai	IVIOITUI					
	<u> </u>							
(19) V	Vhere w	ill vou s	settled i	in Quebec:				
(, -		, , , , ,						
Date:				Signature:				