

## **CLIENT ASSESSMENT FORM**

•	Name:	First	Middle	Last
•	Passpo	rt No.:		
•	UCI (If I	Known):		
•	Are you	Married?		
	lf YES p	provide Data		
•	Have yo	ou previously been Married		
•	Do you	have any Children?		
•	Do you	Speak English?		
	Provide	IELTS: OVERALL	S L R	W
•	Contact	No.:		
•	Email:			
•	Current	Mailing Address:		
•	Have yo	ou ever committed, been ar	rested for, been charged with	n or convicted with any criminal
	offence	in any country or territory?	, provide details	
•	Have yo	ou ever been REFUSED A	VISA or permit, denied entry	or order to leave Canada or
	any oth	er country or territory?	, provide details	
•	Funds i	n Bank Account:		

**EDUCATION:** Please specify year & month (Start with recent one). If required extra space for writing **EDUCATION** or **EMPLOYMENT** details, please print an extra sheet.

1. From (YYYY-MM)	To (YYYY-MM)	School/College/University	
Field of Study	City/Town	Country	
2. From (YYYY-MM)	To (YYYY-MM)	School/College/University	
Field of Study	City/Town	Country	

**EMPLOYMENT**: Give details of your Employment for the last 10 years from now. **DO NOT LEAVE GAPS**. Even if you were a student, give details. Please specify Year & Month (Start with the recent one).

1. From (YYYY-MM)	To (YYYY-MM)	Company/Employer
Activity/Occupation	City/Town Country	
2. From (YYYY-MM)	Το (ΥΥΥΥ-ΜΜ)	Company/Employer
Activity/Occupation	City/Town	Country

## **TRAVEL HISTORY**

From (YYYY-MM)	To (YYYY-MM)	Country	Location	Purpose of Visit

**Note:** Please send your current as well as previous passport copies with all the visas and stamps to **info@earthoverseasimmigration.com** 

www.earthoverseasimmigration.com