



IMMIGRATION & VISAS INTERNATIONAL

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WWW URL= <http://www.immigrationandvisas.com>

IMMIGRATION - QUESTIONNAIRE

1. Country Most Interested in Migrating to [] USA, [] Canada, [] Australia, or [] New Zealand.
(If interested in more than one or all, please mark by 1st, 2nd, 3rd, or 4th Country of Preference). An Assessment Fee of US\$ 25/per country is charged for Australian or NZ assessments, which must be paid along with this Questionnaire to IVI)
2. Name (full): _____
3. Present Address: _____
City: _____, State/Province _____, Zip/Pin _____
4. Phone No: Home: _____ Work: _____
5. Email id: _____ Fax: _____
(Please note **WE** do **NOT** respond back to aliased Emails as: userxx@hotmail.com, or userxx@yahoo.com, etc.,
Secondly, If Inquiry is via the Internet and requesting a Response a Valid Email is required)
6. Nationality: _____
7. Passport No.: _____ Expiration Date (MM/DD/YY): _____
8. Place of Birth: _____ Birth Date(MM/DD/YY): _____
9. Social Security / Identity Card No: _____
10. Current Visa Status or Visa Holding(s), if any: _____
11. If Married, Date & Place of Marriage: _____
11.1 If Married, Spouses Highest Education / Degree (if any) : _____
If Spouse has a 1yr Diploma or higer please fill out a complete another questionnaire on them.

12. Dependents:

Total No. of Children: _____

	NAME	PLACE OF BIRTH	DATE OF BIRTH (MM/DD/YY)	NATIONALITY
Spouse				
Children				



13. Total Number of Years of Schooling Completed _____.

HIGH SCHOOL EDUCATION: Name of Institution: Location: Date From: Date To: Part time/Full time: Degree: Special mentions:	
POST SECONDARY EDUCATION (* Do not abbreviate Any School name, Degree or Address): Name of Institution: Location: Date From: Date To: Part time/Full time: Degree: Special mentions:	Name of Institution: Location: Date From: Date To: Part time/Full time: Degree: Special mentions:
Name of Institution: Location: Date From: Date To: Part time/Full time: Degree: Special mentions:	Name of Institution: Location: Date From: Date To: Part time/Full time: Degree: Special mentions:

14. LANGUAGE ABILITY: Mother tongue: _____ Other: _____

ENGLISH (please check only 1 box in each row): Speak <input type="checkbox"/> Not at all <input type="checkbox"/> With Difficulty <input type="checkbox"/> Well <input type="checkbox"/> Fluently Read <input type="checkbox"/> Not at all <input type="checkbox"/> With Difficulty <input type="checkbox"/> Well <input type="checkbox"/> Fluently Write <input type="checkbox"/> Not at all <input type="checkbox"/> With Difficulty <input type="checkbox"/> Well <input type="checkbox"/> Fluently	FRENCH (please check only 1 box in each row): Speak <input type="checkbox"/> Not at all <input type="checkbox"/> With Difficulty <input type="checkbox"/> Well <input type="checkbox"/> Fluently Read <input type="checkbox"/> Not at all <input type="checkbox"/> With Difficulty <input type="checkbox"/> Well <input type="checkbox"/> Fluently Write <input type="checkbox"/> Not at all <input type="checkbox"/> With Difficulty <input type="checkbox"/> Well <input type="checkbox"/> Fluently
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15. IF SELF EMPLOYED (*Otherwise skip to question 16) :

Name of Company: _____

Your % Ownership in Company: _____ Business Start Date (Month/Year): _____

Type of Business: _____

Your Role / Duties in the Company: _____.

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16. Current Occupation: _____
See <http://immigrationandvisas.com> website for up to date list of open occupations for Canada and Australia

16.1 Intended Occupation: _____ (if selecting Canada or Australia, and Intended occupation is not in the list then you Probably will NOT Qualify)

16.2 Name(s) and Address(es) of Employers During the LAST 10 Years:

Name of company: Location: Date From: Date To: Part time/Full time: Position: Salary Per Month: Duties/ Roles + Responsibilities :	Name of company: Location: Date From: Date To: Part time/Full time: Position: Salary Per Month: Duties/ Roles + Responsibilities :
Name of company: Location: Date From: Date To: Part time/Full time: Position: Salary Per Month: Duties/ Roles + Responsibilities :	Name of company: Location: Date From: Date To: Part time/Full time: Position: Salary Per Month: Duties/ Roles + Responsibilities :

17. ASSETS:	Countries Where Located	Value in Local Currencies	(Converted to) US Dollars
Cash in Banks:			US\$
Stocks and Bonds:			US\$
Real Estate:			US\$
Personal Assets (car, jewelry, etc.)			US\$
Equity in Business:			US\$
Other Assets:			US\$
TOTAL ASSETS:			US\$

18. DEBTS:	Countries Where Located	Value in Local Currencies	(Converted to) US Dollars
Loan from Banks:			US\$
Mortgages, Loans on Real Estate:			US\$
Business Loan:			US\$
Credit Card Debts:			US\$
Other DEBTS/LOANS:			US\$
TOTAL DEBTS/LOAN AMOUNT:			US\$

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19. Any Family in Country of Migration (Destination) ? [] Yes or [] No.

Relationship: _____ Complete Address of Relative _____.

20. If Applying for Entrepreneur (Business) Category, Type of Business that you want to establish in the Migrating Country?:

_____.

21. Do you or Any Member of Your Family suffer from Any Medical Illness for which Medical Care is required: [] Yes or [] No.

Details: _____.

22. Have You or Any Member of Your Family Been Convicted of Any Crime: [] Yes or [] No.

Details: _____.

Declaration: I/We Certify and Solemnly Declare that the above information provided by Me/Us to Immigration and Visas International (IVI) for the purposes of processing My/Our Immigration Application is TRUE to the Best of My/Our Knowledge and I/We Believe that Nothing has been withheld.

 Signature (Applicant): _____ Date: _____

If Spouse has work experience, please forward an Questionnaire sheet for him/her as well. Please mention previous visa applications/refusals, **Additional** details on medical conditions and criminal convictions below.

Comments (Please attach additional sheet if needed):

Payment: A Fee of US\$ 25 for each country selected for assessment will be paid by Me. Please note:

There are NO REFUND(s), and assessments are based on IVI's best opinion on your qualifications, and based on how completely this questionnaire has been filled out.

Number of Countries Selected (on page 1): _____ x 25 = US\$ _____ due.

Payment to made via Check No: _____. Include this questionnaire with Check, **OR**

Credit Card: [] VISA [] MasterCard [] AmEx **OR** [] [Click ToPay via PayPal](#)

If using a Credit Card to Pay, you MUST either Fax or postal mail this questionnaire to IVI.

Credit Card No: _____. Expiration Date (mm/yy) _____.



C.Card Verification (3 Digits for V/MC or 4 Digits for Amex): _____.

Name of Person on the Credit Card: _____.

Complete Address of Person on the Credit Card: _____.

City: _____ State: _____, Zip/Pin Code: _____

I authorize IVI to charge my credit for the fee of US\$ 25 per country that the assessment has been requested for. **Furthermore I realize that the fees charged will be NON REFUNDABLE.**

 **Signature of Person on the Credit Card:** _____ . Date: _____.

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