### SIEVERS-REDEKOP LAW CORPORATION

# BARRISTERS & SOLICITORS Attorney at Law (GERMANY)

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#### **Immigration Assessment Form**

Please complete the following form and return it for assessment (To be completed by all applicants over 18)

### I. Applicant's General Information

Gender	Male _		Femal	le	
Family Name					
First Name					
Date of Birth					
Country of Residence					
Marital Status  Mailing Address	married common Divorce Separat Widow Single	on-law ed since ed since ed since	since e ce ce		
Home Telephone No.					
Business Telephone N	lo.				
Passport No.+expiry of	late				

Personal Deta	ails of All Dependants			
			Relationship to Application	
	tion: Applicant and Spous			
From To Applicant:	Name of Institution	Locati	on Type of	Certificate
Spouse/Partne	er: -			
	-	_		
III. Langu	age Ability			
<u>Applicant</u>				
English French	ListeningSpeak		ingWriting lingWriting	
Partner if app	<u>licable</u>			
English French	ListeningSpeak ListeningSpeak		ingWriting lingWriting	-

# IV. Work History Applicant and Spouse

Applicant: Years of Experience	Name of Employer	Location	Title
Spouse/Partner: Years of Experience	Name of Employer	Location	Title
V. Family Inf	ormation		
	Canadian citizen ermanent resident of Canada elatives in Canada own a busines	Yes/No Yes/No Yes/No s Yes/No	
VI. Financial	Information		
Please list the va	lue of your assets		
Transferable mor	ney Business Other		
VII. General In	formation		
-	own your own business swer the following:	Yes/No	

Years / Type of Business / Location / Annual Sales Employees	/ Equity/ Annual Net Income / No. of
Do you or your spouse or children have a criminal r	
Have you had any difficulty with the police If yes, please give details	Yes/No
Have you, your spouse or children had any serious of	disease Yes/No
or physical or mental disorder If yes, please give details	
Have you ever applied for temporary or permanent	residence Yes/No
In Canada previously If yes, when and under which Category	
Have you ever visited Canada	Yes/No
If yes, what was your status	
<del></del>	
Signature	Date form completed