

## Parsa Canada-Immigration & Investment Consulting Services

## Assessment and Consultation for Permanent Residence in Canada

If you provide us with complete and accurate information our associate law office in Toronto, Canada can determine your chances of obtaining Permanent Residence (PR) in Canada.

Although immigrating to a new country is complex and complicated our associate law office in Toronto, Canada can provide you with reliable and accurate advice and representation to help you understand an navigate the rules, regulations, polices and procedures. We ensure all your matters are handled properly and professionally.

Eligibility for permanent residence depends on many factors. Please fill out the attached form for an assessment and send it to us along with a resume so we can assess your chances of qualifying for PR. We will provide you with our professional opinion regarding your best options for applying for PR.

IMMIGRATION QUESTIONNAIRE							
1. Family name:	Given name:	Date of birth: M	ale 🗆 Female 🗆				
Place of Birth (city/town, co	untry):						
2. Current Address:							
3. Telephone:	E-mail	address:					
4. Civil status: Single [ ] Er	ngaged [ ] Married [ ]	] Divorced [ ] W	idowed [ ]				
5. Passport and National ID	(if applicable)						
Type of Identification		Date of Issue (YY/MM/DD)	• •				
6. Have you applied to CIC fo	or any immigration matt	er before? Yes	No				
If yes, select any of the cate	gories below:						
Visitor Visa Study Per	mit Work Permit	<mark>Perm</mark> anent	Residence				
UCI No. (if known):							

7. Have you received a Provincial Nomination? Yes No
If yes, answer the questions below:
Province: Nomination date:
8. Age of children, if any:
9. Have you, your spouse or your children ever had any medical problems? No [ ] Yes [ ]
10. Have you, your spouse or your children ever been arrested or charged for an offence of any kind, anywhere in the world? No [ ] Yes [ ]
11. Do you have relatives in Canada? If yes, indicate relationship, status in Canada and province where they reside
12. EDUCATION:
Secondary Education: How many years of elementary and secondary education did you complete?
Did you obtain a trade certificate? If yes, what type and which school:
In what year did you graduate?
Post-secondary Education (include any Bachelor's, Master's or Ph.D.):
College or university (name of institution):
Number of years of study: City/Country:
Study Period: from (mm/yy) to (mm/yy)
Did you graduate? Yes No In what year was your graduation?
Type of diploma or degree: Name of program:
Full-time or part-time studies:
College or university (name of institution):
Number of years of study: City/Country:
Study Period: from (mm/yy) to (mm/yy)
Did you graduate? Yes No In what year was your graduation?
Type of diploma or degree: Name of program:
Full-time or part-time studies:
College or university (name of institution):
Number of years of study: City/Country:
Study Period: from (mm/yy) to (mm/yy)

	Name of program:
Full-time or part-time studies:	Name of program:
13. WORK EXPERIENCE OVER THE LAST 10	YEARS (include paid employment only):
From (yy-mm) To (yy-mm) City	//Town, Country:
Name of Employer:	Hours per week:
Job Title:	<del>-</del>
If Canadian employer please provide full a	ddress:
MAIN DUTIES (describe the daily tasks that	t you regularly performed):
From (yy-mm) To (yy-mm) City	r/Town, Country:
Name of Employer:	Hours per week:
Job Title:	
If Canadian employer please provide full ac	
MAIN DUTIES (describe the daily tasks that	
MAIN DOTIES (describe the daily tasks that	. you regularly performed).
From (yy-mm) To (yy-mm) City	//Town, Country:
Name of Employer:	Hours per week:
Job Title:	
If Canadian employer please provide full a	ddress:
MAIN DUTIES (describe the daily tasks that	t you regularly performed):

From (yy-mm) To (yy-mm)	City/Town, Country:
Name of Employer:	Hours per week:
Job Title:	
If Canadian employer please provide fu	ıll address:
MAIN DUTIES (describe the daily tasks	that you regularly performed):
	City/Town Country
	City/Town, Country:
Name of Employer:	Hours per week:
Job Title:	
If Canadian employer please provide fu	ıll address:
MAIN DUTIES (describe the daily tasks	that you regularly performed):

Types of Job	Full Time / Part Time	Years of Experience
Industrial, electrical and construction trades		
Maintenance and equipment operation trades	<u> </u>	

Supervisors and	technical jo	bs in natur	al resourc	ces,	
agriculture and	related prod	uction			
Processing, man	ufacturing a	nd utilities	superviso	ors and	
central control o	perators				
Chefs and cooks	<u> </u>				
Butchers and ba	kers				_
15. <b>LANGUAGE</b>	<b>ABILITY</b> - Ple	ease mark t	he appro	priate column	
ENGLISH:	Fluently	Mo	derate	Basic	Not at all
Speak					
Understand					
Read					
Write					
If you have take	n a English e	xam, pleas	e fill the i	nformation requ	ested below
Date Taken:		Туре	of Test (IE	LTS /CELPIP):	
Reference No.					
Scores per Abilit	y:				
Speaking:				Listening	
Reading:				Writing:	
FRENCH:	Fluent	ly M	oderate	Basic	Not at all
FRENCH: Speak	Fluent	y M	oderate	Basic	Not at all
	Fluent	y M	oderate	Basic	Not at all
Speak	Fluent	y M	oderate	Basic	Not at all
Speak Understand Read Write					
Speak Understand Read Write				Basic tion requested b	
Speak Understand Read Write		lease fill th		tion requested b	
Speak Understand Read Write If you have take Date Taken:	n the TEF, p	lease fill th	e informa	tion requested b	
Speak Understand Read Write If you have take Date Taken:  Scores per Abilit	n the TEF, p	lease fill the	e informa f <b>erence N</b>	tion requested b	
Speak Understand Read Write If you have take Date Taken:	n the TEF, p	lease fill the	e informa f <b>erence N</b>	tion requested b	
Speak Understand Read Write If you have take Date Taken:  Scores per Abilit	n the TEF, p	lease fill the	e informa f <b>erence N</b>	tion requested b	
Speak Understand Read Write If you have take Date Taken: Scores per Abilit Expression oral	n the TEF, p	lease fill the Re	e informa ference N mpréhen pression	tion requested by the sion orale:  écrite:	elow
Speak Understand Read Write If you have take Date Taken:  Scores per Abilit Expression oral Compréhension	n the TEF, p	lease fill the Re	e informa ference N mpréhen pression  JSE: Male Given nar	tion requested b	ate of birth:
Speak Understand Read Write If you have take Date Taken:  Scores per Abilit Expression oral Compréhension  16. INFORMATI Family name:	n the TEF, p	ease fill the Re	e informa ference N mpréhen pression JSE: Male Given nar	tion requested by too.  sion orale:  écrite:  Female  ne:  D	ate of birth:
Speak Understand Read Write If you have take Date Taken:  Scores per Abilit Expression oral Compréhension  16. INFORMATI Family name:	n the TEF, p	ease fill the Re	e informa ference N mpréhen pression JSE: Male Given nar	tion requested by too.  sion orale:  écrite:  Female  D	ate of birth:

Passport and National ID (if applicable)

Type of Identification	Number	Date of Issue (YY/MM/DD)	(YY/MM/DD)
Has your spouse applied to	CIC for any immigration r	natter before? Yes	No
If yes, select any of the cate	gories below:		
Visitor Visa Study Per	mit Work Permit	Permanent	Residence
UCI No. (if known):			
Have he /she received a Pro	vincial Nominee? Yes	No	
If yes, answer the questions	below:		
Province: Nominat			
Does your spouse have related and province where they re-	•	ndicate relationship	o, status in Canad
Secondary Education: How many years of element  Did he/she obtain a trade ce			
In what year he/she you gra	duate?		
Post-secondary Education (i	nclude any Bachelor's, M	laster's or Ph.D.):	
College or university (name	of institution):		
Number of years of study: _	City/Countr	y:	
Study Period: from (mm/yy)			
Did you graduate? Yes N			
Type of diploma or degree: Full-time or part-time studie		ie or program:	
or part time studie			
College or university (name	of institution):		
Number of years of study: _ Study Period: from (mm/yy)			
Did you graduate? Yes N			

Type of diploma or d	egree:	Name of program:
Full-time or part-time	e studies:	
College or university	(name of institution): _	
Number of years of s	study: Cit	y/Country:
		to (mm/yy)
		ear was your graduation?
		Name of program:
Full-time or part-time		<u> </u>
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SPOUSE'S WORK EXI	PERIENCE OVER THE LA	ST 10 YEARS (include paid employment only)
From (yy-mm)	To (yy-mm) City/	Town, Country:
Name of Employer: _		Hours per week:
Job Title:		
If Canadian employe	r please provide full add	dress:
MAIN DUTIES (doscri	ibe the daily tasks regul	arly parformed):
MAIN DOTTES (descri	be the daily tasks regul	any performed).
	·	
	<del>-</del>	
		<del></del>
From (yy-mm)	To (yy-mm) City/	Town, Country:
Name of Employer: _		Hours per week:
Job Title:		
If Canadian employe	r please provide full add	dress:
MAIN DUTIES (descri	ibe the daily tasks regul	arly performed):
		<del></del>
From (yy-mm)	To (yy-mm) City/	Town, Country:
Name of Employer:		Hours per week:

Job Title:								_
If Canadian em	ployer pl	ease pro	ovide fu	II address	s:			
MAIN DUTIES (	describe	the dail	y tasks	regularly	performed):			
SPOUSE'S LANG	GUAGE A	BILITY -	- Please	mark the	appropriate	colum	า:	
ENGLISH:	Flue	ntly	Mod	derate	Basic		Not at all	
Speak								
Understand								
Read								
Write								
Date Taken:			Туре	of Test (IE	LTS /CELPIP)	):		
Reference No.								
Scores per Abili	ty:							
Speaking:					Listening			
Reading:					Writing:			
FRENCH:	Flu	ently	М	oderate	Basic		Not at all	
Speak								
Understand								
Read								
Write								
If you have take	en the TE	F, pleas				ed belo	W	
Date Taken:			Re	ference N	lo.			
Scores per Abili	-							
Expression oral	e:		Co	mpréhen	sion orale:			
Compréhension	n écrit:		Ex	pression	écrite:			

## 17. FUNDS AVAILABLE TO GET ESTABLISHED IN CANADA

What is the total dollar value (in Canadian dollars) of all of your and your spouse's assets?

## All provinces and territories \_\_\_\_ OR: Ontario \_\_\_\_ British Columbia \_\_\_\_ Alberta \_\_\_ Manitoba \_\_\_ Saskatchewan \_\_\_\_ Nova Scotia \_\_\_ New Brunswick \_\_\_ Newfoundland and Labrador \_\_\_\_ Prince Edward Island \_\_\_ Northwest Territories \_\_\_ Yukon \_\_\_ Nunavut \_\_\_ 19. HOW DID YOU FIND ABOUT OUR SERVICES? 20. INFORMATION ABOUT YOUR CHILDREN Do you or your spouse have any children? Yes \_\_\_\_ No \_\_\_\_

PREPARED TO LIVE? (MARK WITH AN X)

Please list your children in the following table

Name and Gender (M/F)	Birth Date (YY/MM/DD)	Identification Number - include both Passport and National ID (if applicable)	Date of Issue (YY/MM/DD)	Expiry Date (YY/MM/DD)	Single/Married /Other	to Canada (Y/N)

21. Do you have any siblings (Brothers and Sisters) in Canada and if yes, where do they live?