



KANEXION

Immigration Consulting Services Ltd.

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ASSESSMENT FORM

First Name:			
Last name: (surname)			
Date of Birth (YYYY-MM-DD)		Place of Birth (city and country):	
Color of eyes	Height :	Inches	cm. Gender:
Telephone no.	Email address:		
Native Language			
Current Address:			
Address in home country:			
Passport no:	Issue date:	Expiry date:	
Country of issue			
If Currently in Canada	Date of Original Entry:	Purpose:	
	Place of First Entry: Date of	Status Valid Till	
	Last Entry:	(Date): Place of Last	
Marital status:		Date of marriage (YYYY-MM-DD):	
Spouse	First Name:	Last Name:	



Details	DOB:	Occupation:
Height: Feet; Inches	feet in.	Eye Colour:
Spouse Address:		
If Previously Married(Details of Prev. Spouse)	First Name	Last Name
	Date of Birth	Married From(Date):
		Married Till (Date):
Father`s Details	First Name:	Last Name:
	D.O.B. :	Place of Birth:
	Occupation:	E-mail:
	ADDRESS:	
Mother`s Details	First Name:	
	Last Name:	
	D.O.B. :	Place of Birth:
	Occupation:	E-mail:
	ADDRESS:	

Education History of Applicant*:

From(Y/M/D)	To (Y/M/D)	INSTITUTE	CITY/country	COURSE

*Attach copies of all education documents.(Original copy & translated if not in English or French)

Travel history-Details of travel outside country of residence & origin: N/A

From(dd-mm-yyyy)	To (dd-mm-yyyy)	Place (city, country)	Purpose of travel

Details of Relatives in Canada (Only if permanent resident or Citizen): N/A

1.

Name:
Relationship:
Date Permanent Residence was obtained:
Place in

Canada: 2.

Name:
Relationship:
Date Permanent Residence was obtained:
Place in Canada:

Have you ever applied to visit Canada, if yes when and on what basis:

If Denied Visa, Reason of Rejection:

Extra notes:

IELTS score for each module: L: R: W: S: Over All:

For Study Permit Only

Name of Institution: _____

Institution#: _____ **Student ID#** _____

Institution Address: _____

Level of Study: _____

Field of Study: _____

Duration of Study: From Date _____ **To Date** _____

Tuition Fee: _____ **Fund Available** _____

Who will be paying Expenses : _____

Signature of Applicant:

Date: