



**KANEXION**

Immigration Consulting Services Ltd.

#1-10310 Whalley Blvd.  
Surrey, B.C. Canada V3T 4H4  
[kanexionimmigration@gmail.com](mailto:kanexionimmigration@gmail.com)  
Tel. # (604) 617-5257/(604)362-0462

**ASSESSMENT FORM**

Principal Applicant  Spouse  Dependent Child

UCI No: (Client ID): \_\_\_\_\_

<b>First Name:</b>			
<b>Last name:</b> (surname)			
<b>Have you used any other name since birth or before/after marriage?</b>			
<b>Date of Birth</b> (YYYY-MM-DD)		<b>Place of Birth (city/town and country):</b>	
<b>Color of eyes</b>	<b>Height: inches(    )</b>	<b>Ft (    )</b>	<b>Cm (    )</b> <b>Gender:</b>
<b>Telephone no.</b>	<b>Email address:</b>		
<b>Native language</b> (first language)			
<b>Current Address:</b>			
<b>Address in home country:</b>			
<b>Passport no:</b>	<b>Issue date:</b>	<b>Expiry date:</b>	
<b>Country of issue</b>	<b>Country:</b>		





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Family members (include spouse/partner, children, grandchildren)

Name First Name, Last Name	Relation	Date of Birth (YYYY/MM/DD)	Country of birth	Marital Status	Current address	Eye Colour	Height Feet; Inches

Other family members (includes parents, siblings and even step brother or sister and step mother or father)

Name First Name, Last Name	Relation	Date of Birth (YYYY/MM/DD)	Country of birth	Marital Status	Current address



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**Address of places the main applicant has lived in since his/her 18th birthday:**

FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)	Address	City/state	Country

**Education History of Applicant\*:**

FROM (YYYY/MM)	TO (YYYY/MM)	Name of School/institution	CITY/country	Field of Study	Level of education

**OFFICIAL LANGUAGES ASSESSMENT**

IELTS =

CELPIP =

Language test version \*Must be IELTS GENERAL TRAINING or CELPIP G / CELPIP GENERAL



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**Score for each module:**

Speaking	Reading	Listening	Writing
Overall Band	Date of language test	Date of test results	Test result or certificate #

Do you have a PNP Nomination Certificate from a province or territory in Canada?

Yes  No  If yes. Provide number: \_\_\_\_\_

Primary Occupation (4 digit NOC Code): \_\_\_\_\_

Does your occupation require a certificate of qualification from a Canadian province or territory?

Yes  No

Do you have a valid job offer in Canada that is full-time, continuous and for at least one year?

Yes  No

If Yes, please fill the following table:

Employer or company name	Contact address of employer/company	LMIA #	LMIA Expiry date (YYYY-MM-DD)

**Work history since 18th birthday:**

From (YYYY/MM/DD)	TO (YYYY/MM/DD)	Occupation/Job Title (NOC)	City	Country	Company name



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**Travel History-Details of travel outside country of residence in the last ten years**

<b>From(YYYY-MM-DD)</b>	<b>To YYYY-MM-DD)</b>	<b>Place (City, Country)</b>	<b>Purpose of travel</b>



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**STATUTORY QUESTIONS: \*NOTE: IF YES, PLEASE EXPLAIN.**

Have you been convicted of a crime or offence in Canada for which a pardon has not been granted under the Criminal Records Act of Canada?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you made previous claims for refugee protection in Canada or at a Canadian visa office abroad, in any other country or countries, or with the United Nations High Commissioner for Refugees (UNHCR)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been refused refugee status, or an immigrant or permanent resident visa (including a Certificat de sélection du Québec (CSQ) or application to the Provincial nominee Program) or visitor or temporary resident visa, to Canada or any other country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country?:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been involved in an act of genocide, a war crime or in the commission of a crime against humanity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you used, planned or advocated the use of armed struggle or violence to reach political, religious or social objectives?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been associated with a group that used, uses, advocated or advocates the use of armed struggle or violence to reach political, religious or social objectives?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been a member of an organization that is or was engaged in an activity that is part of a pattern of criminal activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been detained, incarcerated, or put in jail?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had any serious disease or physical or mental disorder?	YES <input type="checkbox"/>	NO <input type="checkbox"/>