

ONG & ASSOCIATES LIMITED

15 Wertheim Court, Suite 610, Richmond Hill, Ontario Canada L4B 3H7

Tel: (905) 762-8888

Date: _____

Fax: (905) 762-8999

ENQ #: _____

E-mail: info@ongandassociates.com

Information

1. Full Name: _____ Age: _____
Last First M.I.

2. Address: _____
Street Address Apartment/Unit #

City State Country ZIP Code

3. Phone: (H) () (W) () (M) () E-mail: _____

4. Date of Birth: dd/mm/yy Place / Country: _____ 5. Sex: Male Female

6. Marital Status: Single Engaged Widowed Separated Divorced Married Common-law Date / Place _____

7. Children: Name	Date of Birth	Place of Birth	Present Occupation

8. Education Training

Year:	Type:	No. of Year	Certificate or Diploma:	School:
19 - 19	Primary School			
19 - 19	Secondary School			
19 - 19	College			
19 - 19	University			
19 - 19	Post-Graduate or Professional			
19 - 19	Trade, Technical or Commercial Full Time? Yes <input type="checkbox"/> No <input type="checkbox"/>			
19 - 19	Formal Apprenticeship			
19 - 19	Other			

9. Do you speak English: Fluently Moderate Basic None
 read Fluently Moderate Basic None
 write Fluently Moderate Basic None
 listen Fluently Moderate Basic None

10. Do you speak / read / write French? _____

11. Do you have any relatives in Canada? Yes No

Name	Relationship	Present Address	Tel. #.	Status
			()	
			()	
			()	

What is the proof of relationship? _____

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12. What is your destination in Canada?

13. What work will you do in Canada?

14. Do you have guaranteed employment in Canada in writing? Attach copy Yes No

15. What assets will you take to Canada?

a. Cash

b. Property

c. Shares

d. Business

e. Jewelry

f. Other

16. Work Experience:

Date: dd/mm/yy	Position:	Detailed Description:	Last Salary /Month
from: to:			
from: to:			
from: to:			
from: to:			
from: to:			
from: to:			
from: to:			

17. Since 18 years old, are / were you a member of any organization?

18. Have you applied previously for a Canadian visa? When and status of application?

19. Have you been refused admission to or deported from Canada or any other country?

20. Have you been convicted or, or admit to having committed, any crime or offence?

21. Have you suffered from tuberculosis / mental illness / physical disabilities?

22. Have you applied previously for a Canadian social insurance number? Yes No

23. Referred by:

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Information of Spouse

24. Name: _____ Age: _____
Last
First
M.I.

25. Phone: (H) () (W) () (M) () E-mail: _____

26. Date of Birth: dd/mm/yy _____ Place / Country: _____ 27. Sex: Male Female

28. Education Training:

Year:	Type:	No. of Years	Certificate or Diploma:	School:
19 - 19	Primary School			
19 - 19	Secondary School			
19 - 19	College			
19 - 19	University			
19 - 19	Post-Graduate or Professional			
19 - 19	Trade, Technical or Commercial Full Time? Yes <input type="checkbox"/> No <input type="checkbox"/>			
19 - 19	Formal Apprenticeship			
19 - 19	Other			

29. Do you speak English: Fluently Moderate Basic None
 read Fluently Moderate Basic None
 write Fluently Moderate Basic None
 listen Fluently Moderate Basic None

30. Do you speak / read / write French? _____

31. Do you have any relatives in Canada? Yes No

Name	Relationship	Present Address	Tel. #.	Status
			()	
			()	
			()	

What is the proof of Relationship? _____

32. What work will you do in Canada? _____

33. Work Experience:

Date: dd/mm/yy	Position:	Detailed Description:	Last Salary /Month
from:			
to:			
from:			
to:			
from:			
to:			