Dear Client,

Thanks for choosing AukSun. Please fill in your details in the table below and send the filled form to azeem.khan@auksun.com . **(All fields are Mandatory)**

|  |  |
| --- | --- |
| Your full name (as shown in your passport) |  |
| Your gender  |  |
| Date of birth(Year Month Day), Town/City Country |  |
| Your country of citizenship |  |
| How many family members (including yourself) are included in your application for permanent residence in The country of Immigration? |  |
| Your mailing address (include city and country) |  |
| Your residential address |  |
| Your telephone numbers(At home and Alternative) |  |
| e-mail address, if applicable |  |
| How many years of formal education do you have? |  |
| What is your highest level of completed education? |  |
| What kind of diploma do you have? |  |
| Your Passport number |  |
| Country of issue of Passport |  |
| Date of Issue of Passport(Year Month Day) |  |
| Date of expiry of Passport(Year Month Day) |  |
| Your identity card number, if applicable |  |
| Date of Issue of Identity Card(Year Month Day) |  |
| Date of expiry of Identity Card (Year Month Day) |  |
| Your current marital status? |  |
| Date on which you were married? |  |
| Were you previously married? |  |
| Your height & Color of your eyes |  |
| Your current occupation and Designation |  |
| Membership or association with organizations? |  |
| Any government positions (civil servant, judge, police officer etc.) you have held. Do not use abbreviations. |  |
| Membership with any organization, any political, social, or student club, trade unions or associations. Do not use abbreviations. Indicate city and country. |  |
| Have you or your accompanying spouse, previously completed full-time study of at least two years at a post-secondary institution in the country of Immigration? |  |
| Have you or your accompanying spouse, previously worked full-time in The country of Immigration? |  |
| Do you or your accompanying spouse have a relative living in The country of Immigration who is a citizen or a permanent resident of There? (Relationship: Mother or father, daughter or son, sister or brother, grandmother or grandfather, granddaughter or grandson, niece or nephew, aunt or uncle) |  |
| Which province does your relative live in? |  |
| Have you taken English or French proficiency test? |  |
| Your native language |  |
| What is your 1st official language: (English or French) |  |
| What is your 2nd official language: (English or French) |  |
| Amount of transferable and available funds (in CD$s)? |  |
| Preferred Destination in the country of immigration |  |
| Have you applied for Canadian Immigration before? File No? |  |
| Work experience in this occupation (in no. of years) |  |

**Your IELTS Bands Score (If already taken):**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Exam taken (yyyy/mm/dd): |  | Date of Expireyyyy/mm/dd): |  |
| Speak | Listen | Read | Write |
|  |  |  |  |

**Your Spouse’s Bands IELTS Score (If already taken):**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Exam taken (yyyy/mm/dd): |  | Date of Expire (yyyy/mm/dd): |  |
| Speak | Listen | Read | Write |
|  |  |  |  |

**DETAILS OF YOUR FAMILY (Spouse and Children)**

Please provide details about each of your family member, whether they accompany you to The country of immigration or not. If you have more than 3 children, you can use the last page of the form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Spouse | Child 1 | Child 2 | Child 3 |
| Full name |  |  |  |  |
| Marital status |  |  |  |  |
| Sex (gender) |  |  |  |  |
| Date of birth |  |  |  |  |
| Place of birth(Town/City Country) |  |  |  |  |
| Country of citizenship |  |  |  |  |
| Current country of residence |  |  |  |  |
| Other country with resident status |  |  |  |  |
| Relationship to you |  |  |  |  |
| Present Address |  |  |  |  |
| Will accompany you to The country of immigration? |  |  |  |  |
| Passport number |  |  |  |  |
| Country of issue |  |  |  |  |
| Date of issue (Passport)  |  |  |  |  |
| Date of expiry (Passport) |  |  |  |  |
| Identity card number |  |  |  |  |
| Date of issue (ID card)  |  |  |  |  |
| Date of expiry (ID card) |  |  |  |  |
| Can communicate in English? |  |  |  |  |
| Can communicate in French? |  |  |  |  |
| Current occupation |  |  |  |  |
| Total years of formal education |  |  |  |  |
| Level of education |  |  |  |  |
| Height, Color of eyes |  |  |  |  |

**FAMILY BACKGROUND OF MAIN APPLICANT MEMBERS (Including half - and step-brothers and sisters)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Relation** | Full name | Marital Status | Date of birth (day month year) | Town / City & Country of birth | Date of death (day month year) | Residential Address |
| Mother |  |  |  |  |  |  |
| Father |  |  |  |  |  |  |
| Brother |  |  |  |  |  |  |
| Sister |  |  |  |  |  |  |
| Sister |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**FAMILY BACKGROUND OF SPOUSE:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Relation** | Full name | Marital Status | Date of birth (day month year) | Town / City & Country of birth | Date of death (day month year) | Residential Address |
| Mother |  |  |  |  |  |  |
| Father |  |  |  |  |  |  |
| Sister |  |  |  |  |  |  |
| Sister |  |  |  |  |  |  |
| Sister |  |  |  |  |  |  |
| Sister |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Your Education Details**

Please provide details about each of your COMPLETED qualification

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Level ; Degree/Diploma | From (MM/YYYY) | To (MM/YYYY) | Board/University / Institute  | Field of Study  | CGPA/marks | City / Country |
| Matric |  |  |  |  |  |  |
| Intermediate |  |  |  |  |  |  |
| Bachelors |  |  |  |  |  |  |
| Masters |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

**Your Spouse’s Education Details**

Please provide details about each of your spouse’s COMPLETED qualification

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Level ; Degree/Diploma | From (MM/YYYY) | To (MM/YYYY) | Board/University / Institute  | Field of Study  | CGPA/marks | City / Country |
| Matric |  |  |  |  |  |  |
| Intermediate |  |  |  |  |  |  |
| Bachelors |  |  |  |  |  |  |
| Masters |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

**Your Work History Details**

Please provide details about each of your COMPLETED Work History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From (MM/YYYY) | To (MM/YYYY) | Activity | Name of company, employer,school, facility, as applicable | Name of city & country |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Your Spouse’s Work History Details**

Please provide details about each of your spouse’s COMPLETED Work History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  From (MM/YYYY) | To (MM/YYYY) | Activity | Name of company, employer,school, facility, as applicable | Name of city & country |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Details of Additional Children (if more than 3)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Child 4 | Child 5 | Child 6 | Child 7 |
| Full name |  |  |  |  |
| Marital status |  |  |  |  |
| Sex (gender) |  |  |  |  |
| Date of birth |  |  |  |  |
| Place of birth(Town/City Country) |  |  |  |  |
| Country of citizenship |  |  |  |  |
| Current country of residence |  |  |  |  |
| Other country with resident status |  |  |  |  |
| Relationship to you |  |  |  |  |
| Present Address |  |  |  |  |
| Will accompany you to the country of immigration? |  |  |  |  |
| Passport number |  |  |  |  |
| Country of issue |  |  |  |  |
| Date of expiry |  |  |  |  |
| Identity card number |  |  |  |  |
| Can communicate in English? |  |  |  |  |
| Can communicate in French? |  |  |  |  |
| Current occupation |  |  |  |  |
| Total years of formal education |  |  |  |  |
| Level of education |  |  |  |  |
| Height, Color of eyes |  |  |  |  |