

CABINET DE ME HUGUES LANGLAIS

AVOCATS - LAWYERS - ABOGADOS - 律師

PRELIMINARY QUESTIONNAIRE (TO BE FILLED BY EACH ADULT)

Family Name: _____ First Name: _____ Sex: **M / F** Date of birth: _____

Civil Status: _____ Number of dependant children: _____ Age of children: _____

Address: _____

Tel: _____ Cell: _____ E-mail: _____

Country of: 1. Residence _____ 2. Birth _____ 3. Citizenship _____

Job contemplated in Québec/Canada: _____ Have you been offered a job in Québec/Canada: **NO / YES**

If **YES**, name and address of this employer: _____

Jobs done since entering the work force (including military service)

From	To	Job Title	Employer	Country	Field
	To date				

Interested in setting up a business in Québec/Canada? **NO / YES** If **YES**, area/field of interest: _____

Projected investment amount in \$CD? _____ Number of years of direct management experience: _____

Number of persons under your authority: _____ Total value of budgets under your authority: _____

Assets (approximative value - in local currency)

1. Bank account: _____ 2. Stock: _____ 3. Business: _____

4. Land/real property: _____ 5. Liabilities: _____ Total in local currency: _____

Total in \$CD: _____ How much would you bring with you, in \$CD _____

Studies

From	To	Number of years	Level of study completed	Name of the diploma obtained

Language(s) of your studies: _____

Knowledge of languages

French: 1. Excellence 2. Good 3. Poor 4. None

English: 1. Excellence 2. Good 3. Poor 4. None

Have you travelled to Canada before? **NO / YES** If **YES**, total time spent: _____

Reasons for coming: _____ Other country visited: _____

Where do you want to settle in Canada? _____ Do you have friends or family living in Canada? **NO / YES**

If **YES**, where do they live? _____

Do you or any member of your family have any illnesses? **NO / YES**

If **YES**, please provide details: _____

Do you or any member of your family have been arrested by the police, charged with a crime, or for an infraction or forced to pay a fine?

NO / YES

If **YES**, please provide details: _____

Filling date: _____

(YYYY/MM/DD)