

**CABINET ME HUGUES LANGLAIS
LAWYERS - AVOCATS - ABOGADOS - 律師**

PRELIMINARY QUESTIONNAIRE
(must be filled by each adult –over 18)

Family name : _____ first name : _____ Sex : Woman/ Men Birth date : _____

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

Complete address : _____
(# and street) (town or village or municipality) (province or state) (country)

Phone : _____ Cellulaire : _____ Emai : _____

Country of birth : _____ Country of citizenship : _____ Country of residence : _____

Job contemplated in Québec/Canada : _____ Have you been offered a job in Canada? yes / no

If yes, name and address of employer : _____

Job done since entering the market (including military service) :

From (yyyy-mm-dd)	To (yyyy-mm-dd)	Job title	Employer	Country	Field
	to date				

Interested in setting up a business in Canada? yes / no if yes, in which field : _____

Projected amount of investment in \$CND : _____ Years of direct management experience : _____

Number of person under your authority : _____ Total value of budget under your authority : _____

Assets (approximative value –in local currency) :

Bank account : _____ Stocks : _____ Business : _____

Land/real estate property : _____ Liability : _____ Total in local currency : _____

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

Studies :

From (yyyy-mm-dd)	To (yyyy-mm-dd)	Number of years	Level of study completed	Name of diploma obtained
	to date			

Language of your studies : _____

Knowledge of languages	French	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> poor	<input type="checkbox"/> none
	English	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> poor	<input type="checkbox"/> none

Have you travelled to Canada/Quebec before?

Other country visited :

Total time spent	Reason for visiting	Total time spent	Reason for visiting

Where do you plant to settle in Canada : _____ Do you have family or friends in Canada : yes / no

If yes, where do they live : _____

Do you or any member of your family suffer from any illness? yes / no If yes, which one : _____

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

oui/ non If yes, provide details : _____

Questionnaire completed on : _____ (date)