

**Randhawa Law Office**

**Tel: (403) 590-8224**

**Fax: (403) 590-6007**

**E-mail: randhawalawoffice@telus.net**

**BUSINESS IMMIGRANT APPLICATION FOR PERMANENT RESIDENCE IN CANADA - QUESTIONNAIRE TO BE COMPLETED BY PRINCIPAL APPLICANT / SPOUSE / EACH DEPENDANT OVER 18**

I am  an entrepreneur applicant  self-employed applicant  an investor applicant

1. Name in English: \_\_\_\_\_  
Surname First Name Middle Name

2. \_\_\_\_\_ 3. Sex:  Male  Female  
All other names I have used including name(s) before marriage (if applicable)

4. Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 5. Place of birth: \_\_\_\_\_  
Day /Month / Year City / Town / Province / Country

6. Citizen of : \_\_\_\_\_ 7. My native language: \_\_\_\_\_

8. Present address: \_\_\_\_\_  
Street No. City / Town Province Country

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

<b>9.</b> Marital status: <input type="checkbox"/> Never Married <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled Marriage	<b>10.</b> I have been married more than once: <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES" state number of times ( _____ )
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11. Current occupation \_\_\_\_\_ 12. Intended occupation in Canada: \_\_\_\_\_

13. Total years of formal education: \_\_\_\_\_

<b>14</b> Indicate your level of education: <input type="checkbox"/> Secondary or less <input type="checkbox"/> Formal trade <input type="checkbox"/> Non-university certificate or diploma <input type="checkbox"/> Some university, but no degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Some post-graduate studies, but no degree <input type="checkbox"/> Master degree <input type="checkbox"/> Ph. D.
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15. Fluent in English:  Yes  No 16. Fluent in French:  Yes  No

17. Have you or has any one of the persons in question 18 ever:

<b>A.</b> Been convicted of or currently charged with a crime or offence in any country? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>E.</b> Whether in peace or war, have you ever been involved in the deportation of civilians or in the commission of a war crime or crime against humanity, such as: willful killing, torture, attacks upon, enslavement, starvation or other inhumane acts against civilians or prisoners of war? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B.</b> Previously sought refugee status in Canada or applied for an immigrant or visitor visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>F.</b> Used, planned or advocated or been associated with a group that used, uses or advocated the use of armed struggle or violence to reach political, religious or social objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C.</b> Been refused refugee status in, or an immigrant or visitor visa to, Canada or any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>G.</b> Been detained or incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>D.</b> Been refused admission to, or ordered to leave, Canada or any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details if the answer is “YES”:

**18.** Personal details of all my dependants whether accompanying me or not:

	<b>Spouse</b>	<b>Dependant 1</b>	<b>Dependant 2</b>	<b>Dependant 3</b>
Family name				
Given name(s)				
Date of birth	Day / Month /Year / /	Day / Month /Year / /	Day / Month /Year / /	Day / Month /Year / /
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth				
Country of birth				
Citizenship				
Marital status	<input type="checkbox"/> Never Married <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled Marriage	<input type="checkbox"/> Never Married <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled Marriage	<input type="checkbox"/> Never Married <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled Marriage	<input type="checkbox"/> Never Married <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled Marriage
Relationship to me	Spouse	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	<input type="checkbox"/> Son <input type="checkbox"/> Daughter
Will accompany me to Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport number				
Country of issue				
Date of expiry	Day / Month /Year / /	Day / Month /Year / /	Day / Month /Year / /	Day / Month /Year / /
Identity card number				
Current occupation				
Years of education				
Level of education attained	<input type="checkbox"/> Secondary or less <input type="checkbox"/> Formal trade <input type="checkbox"/> Non-university certificate or diploma <input type="checkbox"/> Some university, but no degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Some post-graduate studies, but no degree	<input type="checkbox"/> Secondary or less <input type="checkbox"/> Formal trade <input type="checkbox"/> Non-university certificate or diploma <input type="checkbox"/> Some university, but no degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Some post-graduate studies, but no degree	<input type="checkbox"/> Secondary or less <input type="checkbox"/> Formal trade <input type="checkbox"/> Non-university certificate or diploma <input type="checkbox"/> Some university, but no degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Some post-graduate studies, but no degree	<input type="checkbox"/> Secondary or less <input type="checkbox"/> Formal trade <input type="checkbox"/> Non-university certificate or diploma <input type="checkbox"/> Some university, but no degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Some post-graduate studies, but no degree

	<input type="checkbox"/> Master degree <input type="checkbox"/> Ph. D.	<input type="checkbox"/> Master degree <input type="checkbox"/> Ph. D.	<input type="checkbox"/> Master degree <input type="checkbox"/> Ph. D.	<input type="checkbox"/> Master degree <input type="checkbox"/> Ph. D.
Fluent in English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fluent in French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Native language				

19. Language:

	Ability in English				Ability in French				
<b>Speak</b>	<input type="checkbox"/> Fluently	<input type="checkbox"/> Well	<input type="checkbox"/> With difficulty	<input type="checkbox"/> Not at all	<b>Speak</b>	<input type="checkbox"/> Fluently	<input type="checkbox"/> Well	<input type="checkbox"/> With difficulty	<input type="checkbox"/> Not at all
<b>Read</b>	<input type="checkbox"/> Fluently	<input type="checkbox"/> Well	<input type="checkbox"/> With difficulty	<input type="checkbox"/> Not at all	<b>Read</b>	<input type="checkbox"/> Fluently	<input type="checkbox"/> Well	<input type="checkbox"/> With difficulty	<input type="checkbox"/> Not at all
<b>Write</b>	<input type="checkbox"/> Fluently	<input type="checkbox"/> Well	<input type="checkbox"/> With difficulty	<input type="checkbox"/> Not at all	<b>Write</b>	<input type="checkbox"/> Fluently	<input type="checkbox"/> Well	<input type="checkbox"/> With difficulty	<input type="checkbox"/> Not at all

20. Education (indicate number of years of school successfully completed):

<input style="width: 100%; height: 20px;" type="text"/> Years of elementary/ Primary school	<input style="width: 100%; height: 20px;" type="text"/> Years of secondary/ high school	<input style="width: 100%; height: 20px;" type="text"/> years of university/ college	<input style="width: 100%; height: 20px;" type="text"/> years of formal apprenticeship/training
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21. Details of education (including university, college and apprenticeship training)

<b>From</b> mm/yy	<b>To</b> mm/yy	Name of Institution	City and country	Type of certificate or diploma issued

22. Work history for the past 10 years:

<b>From</b> mm/yy	<b>To</b> mm/yy	Name of employer (write name in full; do not use abbreviations)	City & country	Occupation	Part time (✓)	Gross monthly salary

23. My contact address in Canada is: \_\_\_\_\_

24. Destination in Canada: \_\_\_\_\_ 25. How much money will you bring with you \_\_\_\_\_

City of town / Province

(Amount in Part 5, D, d)

26. During the past 10 years I have lived at the following addresses:

<b>From</b> mm/yy	<b>To</b> mm/yy	Street and number	City or town	Country

27. Since my 18<sup>th</sup> birthday, I have been (or still am) a member of, or associated with, the following political, social, youth, student or vocational organizations, trade unions or professional associations, include military service (show rank, unit and location of service in last column)

<b>From</b> mm/yy	<b>To</b> mm/yy	Name and address of organization	Type of organization	Position held (if any)

28. My parents	Date of birth Day/month/year	City or town / country of birth	If deceased, give date Day/Month/Year	Occupation
Father's full name:  _____				
<b>Last name      first name</b>				
Mother's full name <b>before marriage</b> :  _____				
<b>Last name      first name</b>				

**Business Applicant Summary**

If you are applying for permanent residence as an entrepreneur, investor or self-employed person, the following Business Applicant Summary must be completed. It is important that you complete this form fully and accurately, as it is an important tool in our assessment process.

**PART 1: Category of application (check one)**

- Entrepreneur       Self-employed       Investor

a) Name of investment fund project, if known \_\_\_\_\_

b) Amount of investment to be made CDN\$ \_\_\_\_\_

**PART 2: Experience in business management**

In this section tell us, in your own words, about your past and present business management experience. Please include details as to how you started out, the type or nature of businesses in which you have been involved, giving specific details of your responsibilities and duties within the company(ies). Specify your percentage of ownership, if any. Should you require more space than is provided to detail your business experience, you may attach an additional page.

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**PART 3: Business ownership / performance summary (please complete one form per business)**

1. Name of business (complete in full)

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2. Type of ownership: If sole proprietorship, date you became registered owner of the business

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3. If partnership, identify partner and percentage (%) of ownership

Name of partner(s)	Percentage (%) of ownership

4. If Limited Company, identify directors and their percentage (%) of shareholding

Name of partner(s)	Percentage (%) of shareholding

5.	Year	Turnover CDN\$	Net profit CDN\$	Loss carried over CDN\$	Taxable profits CDN\$	No. of full-time employees	No. of part-time employees
	Most recent operating year 19 ____ (eg. 94/95)						
	Previous year						

1, 19_____ (eg. 93/94)						
Previous year 2, 19_____ (eg. 92/93)						
Previous year 3, 19_____ (eg. 91/92)						

**PART 4: Your business plan (to be completed by Entrepreneur and Self-employed applicants)**

1. Have you decided upon a specific business venture?  Yes  No

(a) If **YES**, please provide details of the location, type of business, number of employees, amount of capital to be invested, activities of the company, your position and responsibilities:

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(b) If **NO**, please tell us in your own words of your plans. Please identify the sector in which you plan to be involved, if known, the amount of capital you have available for investment and outline the nature of the business you plan to establish:

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2. Business activity

(a) If your business activity in Canada will not be a sole proprietorship, please indicate your percentage (%) ownership and the share of ownership of the remaining partners. Identify those partners who are not Canadian citizens or permanent residents:

Name of partner(s)	Date of birth Day/month/year	Percentage (%) of ownership

(b) What steps have you undertaken to research the Canadian business environment to ensure your success:

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(c) Have you ever been involved in a business failure, or associated with a company that went into liquidation, receivership or bankruptcy?  Yes  No

If **YES**, give details:

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(d) Please detail any formal business training or education you have had:

**PART 5: Personal Net Worth Statement**

1. A complete and current statement of your total personal net worth is required. All assets and liabilities must be identified. However, do not include personal items such as jewellery, furniture, etc., as the ownership of such items is difficult to verify. All assets listed must be your own personal holdings and must be documented. The sources of any funds or assets in your possession for less than one year must be identified. You may be asked to present financial documents to support the information provided in this statement.

**A. Assets**

2. Bank deposits

Current and Savings Accounts (specify currency)		
Date opened	Account number	Current balance
Total CDN\$		

Fixed deposits (Specify currency)		
Date of initial deposit	Maturity date	Current balance
Total CDN\$		

3. Property

Complete address	Year purchased	Mortgaged ( ✓ )		Purchase price	Estimated current market value (specify currency)
		Yes	No		
Total CDN\$					

4. Publicly traded stocks and other passive investments

Description	Quantity	Estimated current market value (specify currency)
Total CDN\$		

5. Canadian investment fund (**Investor applicants only**)

Name of fund	Date purchased	Amount currently invested

Total CDN\$

6. **Business**

Name	% owned	Current book value (net assets)	Estimated current market value (specify currency)
Total CDN\$			

7. **Pension, provident fund and other assets**

Description	Amount (specify currency)
Total CDN\$	

**B. Liabilities**

1. **Mortgages**

Complete address	Current balance	Estimated current market value (specify currency)
Total CDN\$		

2. **Personal debts (such as shareholder / director's loan, child support, alimony)**

Nature of obligation	Amount (specify currency)
Total CDN\$	

**C. Net worth**

Total assets PART 5A (2+3+4+5+6+7)	CDN\$ _____
<b>Less</b>	<b>Less</b>
Total liabilities PART 5B (1+2)	CDN\$ _____
=Net Worth	CDN\$ _____

**D. Which is distributed as follows**

a) Funds in my possession on my arrival in Canada	
b) Funds to transfer to Canada at a later date	
c) Funds already in Canada	
d) Sub-total (report this amount in Question 25)	



e) Funds remaining abroad	
	Total CDN\$

Exchange rate used: CDN\$1 = \_\_\_\_\_

I, \_\_\_\_\_ (your name) understand that the information provided by me in this Business Application Summary will form the basis of the assessment of my eligibility for admission as a business immigrant. I hereby declare that the information I have given in this document is truthful, complete and correct, and that it has been personally provided by me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

This Business Application Summary has been prepared by \_\_\_\_\_

on the basis of information provided to me, personally by \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Interpreter Declaration**

I, \_\_\_\_\_, do solemnly declare that I have faithfully and accurately interpreted in the \_\_\_\_\_ language the content of this application and any related forms as duly complete with respect to \_\_\_\_\_, as well as the disclosed personal information and solemn declaration, to the person concerned. I have been informed by the person concerned, and I do verily believe, that he/she completely understands the nature and effect of these forms, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Interpreter: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Family Information**

Complete ALL names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese Character Code, Korean, or Japanese characters)

Name	Relationship	Date of birth (d/m/y)	Place of birth	Marital status	Present address
	Applicant				
	Spouse <b>See Note 1</b>				
	Mother				
	Father				

**Note 1: if no spouse is listed, read and sign below**

I certify that I do not have a husband or a wife and that I have never been married before

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Children (include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)

Name	Relationship <b>See Note 2</b>	Date of birth (d/m/y)	Place of birth	Marital status	Present address

**Note 2: if no children are listed, read and sign below**

I certify that I do not have any children, either natural or adopted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Brothers and sisters (including half-and step-brothers and sisters)

Name	Relationship	Date of birth (d/m/y)	Place of birth	Marital status	Present address

I certify that the information contained on this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my immigration record and will be used to verify my family details on future applications

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For free evaluation, please fax or email to Randhawa Law Office  
2<sup>nd</sup> Floor - Suite 107, 5120 - 42nd Street N.E.  
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Attn: Surinder Randhawa**