



# 1 - CUETA INFORMATION FORM

Family Name (as shown in passport)		First Name (as shown in passport)	Middle Name
Have you ever used any other name? (e.g. Maiden Name, Alias, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name	Middle Name	First Name	
Place of Birth (city, state or province, country)		Date of Birth Day ____ Month ____ Year ____	
Native Language	Language of Preference <input type="checkbox"/> English <input type="checkbox"/> French	Ability to Communicate <input type="checkbox"/> in English & French <input type="checkbox"/> only in English <input type="checkbox"/> only in French <input type="checkbox"/> neither	
Have you previously taken any English or French language test to assess your proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Country of Citizenship		Other Countries of Citizenship	
Have you ever traveled outside your country of citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No	During the <u>past 5 years</u> have you lived in any country other than the country of citizenship or current country of residence for more than 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes → If YES, provide the information below:		
Previous Country of Residence	Status in Previous Country of Residence	Dates of Previous Country of Residence From (date) _____ to _____	
Address (No & Street, Apt. No)		City/Town	
Province/State	Country	Postal Code	
Your email Address			
Home Phone	Work Phone	Cell Phone	
INTERNATIONAL Passport Number		Country of Issue	
Issue Date (YYYY-MM-DD)		Expiry Date (YYYY-MM-DD)	
NATIONAL Passport Number or ID card		Country of Issue	
Issue Date (YYYY-MM-DD)		Expiry Date (YYYY-MM-DD)	

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## 2 - INFORMATION ABOUT YOUR SPOUSE

<b>Marital Status</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed		
<b>First Name</b> of <u>Current</u> Spouse or Common-Law Partner		<b>Last Name</b>
<b>Date of Marriage or the Date you entered into Common-Law Relationship</b> Day ____ Month ____ Year ____		<b>Date of Birthday</b> Day ____ Month ____ Year ____
<b>Complete Address</b> (Number, Street, City, Town, Province, Country, Postal Code)		
<b>Place of Birth</b> (City or Town/Country)		<b>Occupation</b>
<b>Have you previously been married or in a common-law relationship?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes   → If YES, provide the information below:		
<b>Complete Name of your <u>Previous Spouse</u></b> Last Name                      Given Name		<b>Date of Birth</b> Day ____ Month ____ Year ____
		<b>Type of Relationship</b> <input type="checkbox"/> Married <input type="checkbox"/> Common Law
<b>Date of Marriage/Common-law relationship</b> Day ____ Month ____ Year ____		<b>Date of Divorce/Separation</b> Day ____ Month ____ Year ____

## 3 - FUNDS AVAILABLE FOR YOUR STAY

<b>Do you have a savings / Savings Account?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes   → if YES, how much do you have on your account? _____
<b>Other sources of income/funding for your visit</b> (please explain) Do you have a family/friend or organization that is inviting you?   
<b>When would you like to come to Canada?</b> Day ____ Month ____ Year ____
<b>How long would you like to stay for?</b> Day ____ Month ____ Year ____

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<b>Name of the person or institution to visit</b> Last Name                      Given Name		<b>Purpose of Visit</b>
<b>Relationship to you</b> (friend/family/volunteer at the organization)		<b>Complete Address in Canada</b>
<b>Phone number:</b>		<b>Email:</b>

**4 - EDUCATION**

<b>Total Years of Education</b> (count from Grade 1 till the highest level completed)
<b>Highest Level of Education Completed</b> <input type="checkbox"/> non-secondary <input type="checkbox"/> secondary <input type="checkbox"/> Bachelor’s <input type="checkbox"/> Master’s <input type="checkbox"/> PhD <input type="checkbox"/> Other _____
<b>Give the number of years of school you successfully completed for each of the following levels of education</b>
<input type="text"/> Elementary/ Primary School <input type="text"/> Secondary/ High School <input type="text"/> University/ College <input type="text"/> Trade School or Other Post-secondary school

**Details of your secondary and post-secondary education -> fill in with start date, finish date, name of the institution & address, level or degree completed**

START DATE yyyy-mm (exp. 2000-09)	FINISH DATE yyyy-mm (exp. 2000-09)	NAME OF THE INSTITUTION	FULL ADDRESS STREET/CITY/COUNTRY	FIELD OF STUDY	TYPE OF CERTIFICATE OR DIPLOMA ISSUED

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## 5 - EMPLOYMENT HISTORY

Complete the details of your employment for the past 10 years, start with the most recent and go backward. If you were not working, provide information on what you were doing (for example: unemployed, studying, traveling, retired and etc.). **Do not leave any gaps in time.**

START DATE yyyy-mm (exp. 2000-09)	FINISH DATE yyyy-mm (exp. 2000-09)	OCCUPATION / POSITION TITLE	DUTIES	FULL ADDRESS STREET/CITY, PROVINCE/STATE & COUNTRY	NAME OF COMPANY / EMPLOYER

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## 6 - FAMILY INFORMATION

Please provide the following information for each of your family members: father, mother, siblings (including step and half-siblings), spouse, and all children (including step-children and adopted children).

### 6.1 - INFORMATION ABOUT YOUR CHILDREN (Include step-children, if applicable)

TRAVELING WITH YOU YES	COMPLETE NAME (First, Middle, Last)	RELATIONSHIP	MARITAL STATUS	DATE & PLACE OF BIRTH dd/mm/yyyy	COMPLETE ADDRESS (Number, Street, Town, City, Province, Country, Postal Code)	CURRENT OCCUPATION / ACTIVITY
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

6.2 - INFORMATION ABOUT YOUR <u>FATHER</u>
<b>Complete Name</b> (first, middle, & last)
<b>Name at Birth</b> (first, middle, & last)
<b>Date of Birth</b> Day ___ Month _____ Year _____
<b>Place of Birth</b> (city, state or province, country)
<b>Marital Status</b>
<b>Occupation</b>
<b>Residential Address</b> (No & Street, city/town, province/state, country, postal code)

6.2 - INFORMATION ABOUT YOUR <u>MOTHER</u>
<b>Complete Name</b> (first, middle, & last)
<b>Name at Birth</b> (first, middle, & last)
<b>Date of Birth</b> Day ___ Month _____ Year _____
<b>Place of Birth</b> (city, state or province, country)
<b>Marital Status</b>
<b>Occupation</b>
<b>Residential Address</b> (No & Street, city/town, province/state, country, postal code)

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6.2 - INFORMATION ABOUT YOUR <u>FATHER</u>
Date of Death (YYYY-MM-DD if applicable)
Place of Death (City, Town, Country)

6.2 - INFORMATION ABOUT YOUR <u>MOTHER</u>
Date of Death (YYYY-MM-DD if applicable)
Place of Death (City, Town, Country)

**6.4 - INFORMATION ABOUT YOUR SIBLINGS (Include step-siblings, if applicable)**

FULL NAME (First, Middle, Last)	BROTHER/ SISTER	MARITAL STATUS	PLACE & DATE OF BIRTH dd/mm/yyyy	COMPLETE ADDRESS (Number, Street, Town, City, Province, Country, Postal Code)	CURRENT OCCUPATION
	<input type="checkbox"/> brother <input type="checkbox"/> sister				
	<input type="checkbox"/> brother <input type="checkbox"/> sister				
	<input type="checkbox"/> brother <input type="checkbox"/> sister				
	<input type="checkbox"/> brother <input type="checkbox"/> sister				
	<input type="checkbox"/> brother <input type="checkbox"/> sister				
	<input type="checkbox"/> brother <input type="checkbox"/> sister				
	<input type="checkbox"/> brother <input type="checkbox"/> sister				

*Initials*



## 7 - FAMILY IN CANADA

Please provide the following information for each family member in Canada

<b>Last Name</b>	<b>First Name</b>
<b>Relationship to you</b>	<b>Date of Birth (YYYY-MM-DD)</b>
<b>Complete Address (Number, Street, City, Town, Province, Country, Postal Code)</b>	

<b>Last Name</b>	<b>First Name</b>
<b>Relationship to you</b>	<b>Date of Birth (YYYY-MM-DD)</b>
<b>Complete Address (Number, Street, City, Town, Province, Country, Postal Code)</b>	

## 8 - Please answer the following questions:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Within the past two years, have you or anyone in your family had tuberculosis of the lungs or been in close contact with a person with tuberculosis?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any physical or mental disorder that would require social and/or health services, other than medication, during your stay in Canada?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been refused any kind of visa, admission, or been ordered to leave Canada or any other country?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you previously applied to enter or remain in Canada?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?   | <input type="checkbox"/> | <input type="checkbox"/> |

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*\*If you answered with "YES" to any of the above questions, please explain and provide details on a separate sheet of paper.*

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## 9 - DOCUMENT CHECKLIST

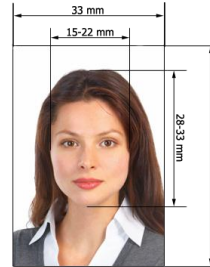
Please scan and email the following documents, if able:

### 1. **ADULTS**

- a. Copy of International passport including pages with stamps, visas, extension, etc.
- b. Copy of National ID (if this is an old document (book-like), you need to provide a translation to **ENGLISH**)

#### Supporting documents

- c. Invitation letter, or [letter-invitation](#)
- d. Job offer to you from Canadian Employer, or [Job offer](#)
- e. Bank statement (as proof of funds)
- f. Photo [-photograph-specifications](#)



### 2. **MINOR (UNDER 18) [Study permit for minor minor-children-travelling-canada](#)**

- a. Copy of International passport including pages with stamps, visas, extension, etc.
- b. Copy of National ID (if applicable)
- c. Copy of birth certificate (needs to be translated to **English.**) and
- d. a letter of authorization, (**in English** which is signed by the parent who is not traveling with them and lists: the address and telephone number of the parent who is not traveling,) and [consent-letter](#)
- e. a photocopy of that parent's signed passport or national identity card.
- f. If the parents are separated or divorced and share custody of the child: legal custody documents in **English.**
- g. legal guardian or adoptive parents: copy of the guardianship papers or the adoption papers (whichever one applies). **in English.**
- h. If one of the child's parents is deceased: bring a copy of the death certificate **in English.**
- i. Photo

**Supporting documents as;** an Invitation letter

*By signing this document, I (the applicant) acknowledge that all the information provided above is accurate and correct; I have all the necessary documents to support the above information. This document contains 8 pages; I have checked every page and put my initials on the right bottom corner of every page.*

*I authorize CBICC (the company), to prepare an application to submit to the official authorities for further processing. CBICC (the company), will prepare an application based on the information provided by me (the applicant), the company shall not be responsible for any discrepancies in the information provided by the applicant. If you wish to retain our services, please send this form to [info@canada-my-choice.com](mailto:info@canada-my-choice.com)*

**Signature of the applicant:**

**Name of the Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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