WHY NOT IMMIGRATION SERVICES

Client Assessment Form

1. N	ame			
2. D	ate of Birth	Age years	3. Gender: - Male	Female
4. Po	ermanent Address			
5. I	E-mail			
6. Co	ontact No Personal	Alt. Contact No		
	usiness Ownership (if applicab mplete your entire Business ov	ele)		
	usiness Ownership (if applicab	ele)	Ownership percentage	Co-owner and their percentage
	usiness Ownership (if applicab mplete your entire Business ov	ole) wnership Experience	Ownership	and their
	usiness Ownership (if applicab mplete your entire Business ov	ole) wnership Experience	Ownership	and their
	usiness Ownership (if applicab mplete your entire Business ov	ole) wnership Experience	Ownership	and their

9. Personal ne	et worth statement and	source of funds:				
Current And Saving Account			Current And Saving Account			
Date Opened	Date Opened	Account Number	Current Balance	Account Number	Current Ba	

8. Business Plan/Investment/Interested Occupation in Oversaes

11. Det	tails of Depe	endents:						
S.No.	Name			Date of Birth		Relation		
12. Spo	ouse's Acade	emics: - IELTS Type (<i>F</i>	AC/GT):	Date	9:-			
L- R-		R-	W-			Overall-)verall-	
13. Spc	ouse's Educa	ation:-						
Period From To (MM/YY) (MM/YY)		Name of the Institution/Board / University		Details of Degree & Diplomas	Mode of Study Regular/ Correspondence		Percentage	
14. Spo	ouse Work F	listory:						
Pe	riod	Name of the			Occi	unation / Da	neition	
From MM/YY	To MM/YY	Organization/ Company	Full /Pa	Full /Part Time		Occupation/ Position		
First Blood	relative in	any overseas countr	y: Name:					
ó. From wh	ere you get	to know about us?			STATE:			
	/ Relative [Newspaper / Ad	vertisement	Board / Hoa	rding	Website		
		Place		Signature				

***Please Attach Your Resume