



CLIENT QUESTIONNAIRE

PERSONAL INFORMATION

Today's date: _____

Full name

(as listed in your travel passport)

Last name

First name

Previous names (name at birth, maiden name, previous marriage names, alias, etc.)

Contact information

Email

Cellphone number

Physical residence address

Apart/
Suite

Street number

Postal code

Street name

City

Country

Date of birth

Year

Month

Day

Place of birth

City

Country

Current country of residence

Since when
(yyyy-mm-dd)

Country(ies) of citizenship (list all)

Since when
(yyyy-mm-dd)

Since when
(yyyy-mm-dd)

PHONE: + 1 (647) 748-4022 | EMAIL: INFO@KANSET.COM

KANSET SERVICES INC.,
300 SUPERTEST RD., UNIT # 1
TORONTO, ON M3J 2M2

A handwritten signature in black ink, appearing to be 'A. J.', is written over a red rectangular line.

If filled by HAND please sign



Biometrics	Height (cm)		Eye color
Have you previously completed and provided your biometrics to IRCC?	Yes	No	Date (yyyy-mm-dd)

MARITAL STATUS

Never married	Yes		
Married	Yes	No	Since when (yyyy-mm-dd)
Common-law partnership	Yes	No	Since when (yyyy-mm-dd)
Divorced	Yes	No	
	Last name of former spouse		First name of former spouse
	Former spouse date of birth (yyyy-mm-dd)		Divorce date (yyyy-mm-dd)
Widower/widow	Yes	No	Since when (yyyy-mm-dd)
	Last name of late spouse		First name of late spouse
	Former spouse date of birth (yyyy-mm-dd)		Date of death (yyyy-mm-dd)



OTHER INFORMATION

Your native language											Other language that you use
Have you ever taken CELPIP-G or IELTS-General English language test?	Yes	No									
	If answered "Yes", please indicate:										
	CELPIP		IELTS		Date of test (yyyy-mm-dd)						
	Speaking score		Reading score								
	Listening score		Writing score								
	If answered "No", please indicate:										
Your subjective assessment of English language proficiency on a scale of 1 to 10	1	2	3	4	5	6	7	8	9	10	
Do you speak or read French?	Yes	No									
Do you have any of the following relatives that reside in Canada and hold Permanent Resident or Citizen status?	Yes	No									
	If answered "Yes", please specify:										
	mother/father					niece/nephew					
	sister/brother					uncle/aunt					
	grandfather/grandmother					daughter/son					



Indicate amount of funds available for your stay in/immigration to Canada

Please note that you are not required to provide proof of funds if you are already working in Canada
\$

Table below shows the minimum amount required to immigrate to Canada in 2023:

Number of family members	Funds required (Canadian dollars)
1	\$13,757
2	\$17,127
3	\$21,055
4	\$25,564
5	\$28,994
6	\$32,700
7	\$36,407
For each additional family member	\$3,706

■ PRIMARY SCHOOL

Date started
(yyyy-mm-dd)

Name
of school

Date completed
(yyyy-mm-dd)

City

Country



■ SECONDARY SCHOOL

Date started
(yyyy-mm-dd)

Name
of school

Date completed
(yyyy-mm-dd)

City

Country

■ POST - SECONDARY

Date started
(yyyy-mm-dd)

Field
of study

Date completed
(yyyy-mm-dd)

City

Name of college/
university

Country

Type of diploma/
certificate/degree

■ POST - SECONDARY

Date started
(yyyy-mm-dd)

Field
of study

Date completed
(yyyy-mm-dd)

City

Name of college/
university

Country

Type of diploma/
certificate/degree

Have you obtained an
Educational Credential Assessment
(ECA) for any Degree, Diploma
or Certificate obtained outside
Canada?

World Education Services (WES)

International Credential
Assessment Service of Canada

Comparative Education Services
(CES)

International Credential
Evaluation Service (ICES)

Educational Commission for
Foreign Medical Graduates
(ECFMG)

Other:



PERSONAL AND EMPLOYMENT HISTORY

Provide ALL work places since January 2014 until present. DO NOT LEAVE ANY GAPS. Please include UNEMPLOYMENT periods, military service, long-term business trips, government positions, etc.

Date started (yyyy-mm-dd)		Company name	
Date completed (yyyy-mm-dd)		Position held (be specific, i.e. Manager of Production Department)	
	Hours per week		City
			Country
Date started (yyyy-mm-dd)		Company name	
Date completed (yyyy-mm-dd)		Position held (be specific, i.e. Manager of Production Department)	
	Hours per week		City
			Country
Date started (yyyy-mm-dd)		Company name	
Date completed (yyyy-mm-dd)		Position held (be specific, i.e. Manager of Production Department)	
	Hours per week		City
			Country
Date started (yyyy-mm-dd)		Company name	
Date completed (yyyy-mm-dd)		Position held (be specific, i.e. Manager of Production Department)	
	Hours per week		City
			Country



Date started
(yyyy-mm-dd)

Company name

Date completed
(yyyy-mm-dd)

Position held
(be specific,
i.e. Manager
of Production
Department)

Hours
per week

City

Country

Date started
(yyyy-mm-dd)

Company name

Date completed
(yyyy-mm-dd)

Position held
(be specific,
i.e. Manager
of Production
Department)

Hours
per week

City

Country

Date started
(yyyy-mm-dd)

Company name

Date completed
(yyyy-mm-dd)

Position held
(be specific,
i.e. Manager
of Production
Department)

Hours
per week

City

Country

Date started
(yyyy-mm-dd)

Company name

Date completed
(yyyy-mm-dd)

Position held
(be specific,
i.e. Manager
of Production
Department)

Hours
per week

City

Country



MILITARY SERVICE

Date started (yyyy-mm-dd)	Branch of service, unit number
Date finished (yyyy-mm-dd)	
City	Rank(s)
Country	
Dates and places of active combat	Title(s)
Reason for end of service	Commanding officer
Date started (yyyy-mm-dd)	Branch of service, unit number
Date finished (yyyy-mm-dd)	
City	Rank(s)
Country	
Dates and places of active combat	Title(s)
Reason for end of service	Commanding officer



ADDRESS HISTORY

Please list all your physical residence addresses (not registered, mailing, legal addresses), where you resided since January 2014 until present. DO NOT LEAVE ANY GAPS.

From
(yyyy-mm-dd) Apartment, street no.
and street name

To
(yyyy-mm-dd) City/town
and province

Postal code

Country/territory

From
(yyyy-mm-dd) Apartment, street no.
and street name

To
(yyyy-mm-dd) City/town
and province

Postal code

Country/territory

From
(yyyy-mm-dd) Apartment, street no.
and street name

To
(yyyy-mm-dd) City/town
and province

Postal code

Country/territory

From
(yyyy-mm-dd) Apartment, street no.
and street name

To
(yyyy-mm-dd) City/town
and province

Postal code

Country/territory



From
(yyyy-mm-dd)

Apartment, street no.
and street name

To
(yyyy-mm-dd)

City/town
and province

Postal code

Country/territory

From
(yyyy-mm-dd)

Apartment, street no.
and street name

To
(yyyy-mm-dd)

City/town
and province

Postal code

Country/territory

From
(yyyy-mm-dd)

Apartment, street no.
and street name

To
(yyyy-mm-dd)

City/town
and province

Postal code

Country/territory

From
(yyyy-mm-dd)

Apartment, street no.
and street name

To
(yyyy-mm-dd)

City/town
and province

Postal code

Country/territory



TRAVEL HISTORY

Please list all your trips outside of your country of residence/citizenship since January 2014.

From
(yyyy-mm-dd)

Purpose

To
(yyyy-mm-dd)

City

Number
of days

Country

From
(yyyy-mm-dd)

Purpose

To
(yyyy-mm-dd)

City

Number
of days

Country

From
(yyyy-mm-dd)

Purpose

To
(yyyy-mm-dd)

City

Number
of days

Country

From
(yyyy-mm-dd)

Purpose

To
(yyyy-mm-dd)

City

Number
of days

Country

From
(yyyy-mm-dd)

Purpose

To
(yyyy-mm-dd)

City

Number
of days

Country



From (yyyy-mm-dd)		Purpose
To (yyyy-mm-dd)		City
	Number of days	Country
From (yyyy-mm-dd)		Purpose
To (yyyy-mm-dd)		City
	Number of days	Country
From (yyyy-mm-dd)		Purpose
To (yyyy-mm-dd)		City
	Number of days	Country
From (yyyy-mm-dd)		Purpose
To (yyyy-mm-dd)		City
	Number of days	Country
From (yyyy-mm-dd)		Purpose
To (yyyy-mm-dd)		City
	Number of days	Country



PREVIOUS IMMIGRATION HISTORY


Any previous applications to Immigration Refugees and Citizenship Canada (IRCC)?	Please include Visitor Visas, Permanent Resident, Study or Work Permits, etc.		
	tourist visa	immigration/permanent resident visa	denied entry or ordered to leave Canada or any other country?
	study/work permit	CSQ	
	application to the Provincial Nominee Program	refugee status	
	Application date (yyyy-mm-dd)	Details	
	Application date (yyyy-mm-dd)	Details	
	Application date (yyyy-mm-dd)	Details	
Have you ever applied for Express Entry (including profiles)?	Yes	No	
	If answered "Yes", please specify:		
	Profile number	Final decision	



STATUTORY QUESTIONS

Have you, or any of your family members who plan to come with you to Canada, ever:

- | | | |
|--|-----|----|
| a) been convicted of a crime or offence in Canada for which a pardon has not been granted under the Criminal Records Act of Canada? | Yes | No |
| b) been convicted of, or are you currently charged with, on trial for, or party to a crime or offence, or subject of any criminal proceedings in any other country or territory? | Yes | No |
| c) been involved in an act of genocide, a war crime or in the commission of a crime against humanity? | Yes | No |
| d) used, planned or advocated the use of armed struggle or violence to reach political, religious or social objectives? | Yes | No |
| e) been associated with a group that used, uses, advocated or advocates the use of armed struggle or violence to reach political, religious or social objectives? | Yes | No |
| f) been member of an organization that is or was engaged in an activity that is part of a pattern of criminal activity? | Yes | No |
| g) been detained, incarcerated or put in jail? | Yes | No |
| h) had any serious disease or physical or mental disorder? | Yes | No |
| i) have held any government positions (civil servant, judge, employee in a security organization, etc.)? | Yes | No |
| j) have supported or been a member of any political, social, youth or student organization, trade unions or professional associations? | Yes | No |

 If you answered "Yes" to any of the questions above, please provide details:



PARENTS

■ MOTHER

Full name	Last name	First name	
Date and place of birth	Date (yyyy-mm-dd)		
	City	Country	
Civil status	Marital status	Occupation	
Physical residence address	Apart/ Suite	Street number	Postal code
	Street name		
	City	Country	
If deceased, indicate date and place of death	Date (yyyy-mm-dd)	City, Country	

■ FATHER

Full name	Last name	First name
Date and place of birth	Date (yyyy-mm-dd)	
	City	Country
Civil status	Marital status	Occupation



Physical residence address	Apart/ Suite	Street number	Postal code
	Street name		
	City	Country	
If deceased, indicate date and place of death	Date (yyyy-mm-dd)	City, Country	

SIBLINGS

List all your sisters/brothers, half-sisters/half-brothers and step-sisters/step-brothers.

How many siblings do you have?

■ SIBLING I

Full name	Last name	First name	
Relationship	sister brother	half-sister half-brother step-sister step-brother	
Date and place of birth	Date (yyyy-mm-dd) City	Country	
Civil status	Marital status	Occupation	
Physical residence address	Apart/ Suite	Street number	Postal code
	Street name		
	City	Country	



If deceased,
indicate date and
place of death

Date
(yyyy-mm-dd)

City,
Country

■ SIBLING 2

Full name

Last
name

First
name

Relationship

sister

half-sister

step-sister

brother

half-brother

step-brother

Date and
place of birth

Date
(yyyy-mm-dd)

City

Country

Civil status

Marital
status

Occupation

Physical
residence
address

Apart/
Suite

Street
number

Postal
code

Street
name

City

Country

If deceased,
indicate date and
place of death

Date
(yyyy-mm-dd)

City,
Country

■ SIBLING 3

Full name

Last
name

First
name

Relationship

sister

half-sister

step-sister

brother

half-brother

step-brother



Date and place of birth	Date (yyyy-mm-dd)			
	City	Country		
Civil status	Marital status	Occupation		
Physical residence address	Apart/ Suite	Street number	Postal code	
	Street name			
	City	Country		
If deceased, indicate date and place of death	Date (yyyy-mm-dd)	City, Country		

DEPENDENT FAMILY MEMBERS

List all dependent family members whether they will or will not accompany you to Canada.	Spouse or common-law partner (check the box, if applicable)		Your spouse or common-law partner's dependent child(ren) under 22 years old (indicate number)	
	Your dependent child(ren) under 22 years old (indicate number)		Dependent child(ren) under 22 years old of a dependent child (indicate number)	
Spouse/ common-law partner	Last name	First name		
	Date of birth (yyyy-mm-dd)	Accompanying you to Canada?	Yes	No
	Height (cm)	Eye color		
Has he/she previously completed and provided biometrics to IRCC?	Yes	No	Date (yyyy-mm-dd)	
Dependent child 1	daughter	son	step-daughter	step-son
	Last name	First name		



Date of birth (yyyy-mm-dd)			Accompanying you to Canada?	Yes	No
Height (cm)			Eye color		
Has he/she previously completed and provided biometrics to IRCC?	Yes	No	Date (yyyy-mm-dd)		
Dependent child 2	daughter	son	step-daughter	step-son	
Last name			First name		
Date of birth (yyyy-mm-dd)			Accompanying you to Canada?	Yes	No
Height (cm)			Eye color		
Has he/she previously completed and provided biometrics to IRCC?	Yes	No	Date (yyyy-mm-dd)		
Dependent child 3	daughter	son	step-daughter	step-son	
Last name			First name		
Date of birth (yyyy-mm-dd)			Accompanying you to Canada?	Yes	No
Height (cm)			Eye color		
Has he/she previously completed and provided biometrics to IRCC?	Yes	No	Date (yyyy-mm-dd)		

EVERY DEPENDENT FAMILY MEMBER ABOVE 18 YEARS OF AGE (SPOUSE/COMMON-LAW PARTNER, CHILDREN/STEP-CHILDREN) WHO WILL ACCOMPANY YOU TO CANADA SHOULD COMPLETE THEIR OWN QUESTIONNAIRE.

By signing this questionnaire, you confirm that the information provided is accurate and to the best of your knowledge.

Full name: _____

Signature:  _____

Date: _____