Client Information Form

Main Applicant's Section:

Full Name (as per passport):	Write Here		Date of Birth:	dd/mm/yyyy
Residential/Mailing Address:	Please write your full address including house/flat number, street number/name etc.			
Current Contact Number:	Write Here		Marital Status:	Write Here
Email Address (in use):	Write Here		No. of Kids:	Write Here
Which country are you interested in?	☐ Australia	☐ Canada	☐ New Zealand	☐ Germany
Do you have any relative there? If yes, please provide →	Your relation with him/her:		Write Here	
	Residence City & Postal/Zip Code:		Write Here	
	Visa status (PR, Citizen, Student)		Write Here	
Have you taken IELTS test before? If yes, please provide →	Date of Test:	dd/mm/yyyy		
	Listening	Reading	Writing	Speaking
	Write Here	Write Here	Write Here	Write Here
Any Major Medical Problems? e.g., Cancer, HIV Aids etc.	Write Here			
Any Immigration History / Refusals?	Write Here			

Post-Secondary Education (such as Bachelor's, Master's PhD):

Admission Date	Completion Date	Name of Degree Awarding Institute	Name of Program	City (where you studied)	Normal Duration of Program
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here

Last 10 years Work History:

Joining Date	Leaving Date	Employer Name	Designation	City and Country	Hours Per Week
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here

Spouse's Section:

Full Name (as per passport):	Write Here	Date of Birth:	dd/mm/yyyy
Email Address (in use):	Write Here	Contact No:	Write Here
Do you have any relative there? If yes, please provide →	Your relation with him/her:	Write Here	
	Residence City & Postal/Zip Code:	Write Here	
	Visa status (PR, Citizen, Student)	Write Here	
Have you taken IELTS test before? If yes, please provide →	Date of Test:	dd/mm/yyyy	
	Listening	Reading	Writing	Speaking
	Write Here	Write Here	Write Here	Write Here
Any Major Medical Problems? e.g., Cancer, HIV Aids etc.	Write Here		
Any Immigration History / Refusals?	Write Here		

Post-Secondary Education (such as Bachelor's, Master's PhD):

Admission Date	Completion Date	Name of Degree Awarding Institute	Name of Program	City (where you studied)	Normal Duration of Program
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here

Last 10 years Work History:

Joining Date	Leaving Date	Employer Name	Designation	City and Country	Hours Per Week
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here
mm/yyyy	mm/yyyy	Write Here	Write Here	Write Here	Write Here