



Business Immigration Questionnaire

1. Name: _____
2. Given (first) name: _____
3. E-mail: _____
4. Date of birth: _____
5. Nationality: _____
6. Criminal record: Yes No
 - a. If Yes, what year: _____
 - b. Crime committed: _____
7. Health condition: good average bad
 - a. If the State of health is average or poor, please give details.

8. Do you currently own (or partly own) a business? If not, please indicate your current job below
No Yes
 - a. Type of business you own or for which you are an employee: _____
 - b. Legal entity: Partnership Sole Proprietorship Corporation
 - c. Percentage of the business owned: _____%
 - d. Revenues for last fiscal year (in USD): \$ _____
 - e. Profit for last fiscal year (in USD): \$ _____
 - f. Since what year has the business been in operation: _____
 - g. Position title in business: _____
 - h. Main Responsibilities:
 - i. _____
 - ii. _____
 - iii. _____



- iv. _____
- i. Total number of employees: _____
9. Net Worth (in USD): _____
- a. Personal net worth: _____
- b. Spouse net worth (if applicable): _____
10. Projected amount of investment (in USD): \$ _____
11. Source of funds:
- a. _____ b. _____
- c. _____
12. Are you able to demonstrate, through accounting/legal documents, that the funds used for the investment were all acquired legally? Yes No
13. Do you have the ability to pay \$50,000 to \$70,000USD for immigration and other professional fees? Yes No
14. What type of business would you like to open? _____
15. I want to: Open up my own business Acquire an existing business
16. In which Canadian province would you like to own a business: Gatineau Elsewhere in Québec
17. Do you plan on eventually hiring employees? Yes No
- a. If yes, please give an estimate of the number of employees hired in the first year: _____
18. Please indicate your level of oral only French: None Beginner Intermediate Advanced
- a. Your spouse's level of oral French: None Beginner Intermediate Advanced
19. Please indicate your level of oral and written English: Beginner Intermediate Advanced
20. What is you level of study and field of training? _____
- a. Your spouse's level and field of training? _____

Signature: _____

Date: _____

Please note that your responses will remain confidential.