



SERVICE LINKS CANADA INC.

ASSESSMENT FOR PARENTS AND GRANDPARENTS SUPER VISA

IF YOU HAVE ANY TECHNICAL PROBLEMS WITH THIS FORM, YOU MAY CONTACT US DIRECTLY AT : INFO@SERVICELINKS.CA

DATE:

1) PERSONAL INFORMATION	
LAST NAME	FIRST NAME:
ADDRESS	
E-MAIL ADDRESS	
PHONE NUMBER	
2) YOUR PERSONAL AND EMPLOYMENT DETAILS	
YOUR EMPLOYMENT STATUS IN CANADA	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> UN-EMPLOYED <input type="checkbox"/> SELF-EMPLOYED
TYPED OF EMPLOYMENT	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CONTRACT <input type="checkbox"/> ON-CALL
YOUR TOTAL FAMILY INCOME IN CANADA	<input type="checkbox"/> <\$17000 <input type="checkbox"/> \$17000-\$20000 <input type="checkbox"/> \$20000-\$23000 \$23000- <input type="checkbox"/> \$26000 <input type="checkbox"/> \$26000-\$29000 <input type="checkbox"/> >\$29000
NUMBER OF FAMILY MEMBERS IN CANADA	PLEASE INCLUE YOURSELF, SPOUDE, AND DEPENDENT CHILDREN ONLY
3) INFORMATION ABOUT THE PERSON(S) YOU WAN TO APPLY FOR SUPER VISA	
NUMBER OF PEOPLE WOULD BE APPLYING FOR SUPER VISA	

CANADA: Unit B 209-2099 Lougheed Hwy, Shaughnessy Square, Port Coquitlam, British Columbia V3B 1A8

t +1 604.944.7912 f +1 604.944.7913

THAILAND: Unit 9/39 Hue Sukhumvit, 3rd Floor, Sukhumvit 62/3, Bang Chak, Phra Khanong, Bangkok 10260

t +66 2 003 1450 f +1 604-299-2951

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APPLICANT NO.1	<p>YOUR RELATION WITH APPLICANT</p> <table><tbody><tr><td><input type="checkbox"/> FATHER</td><td><input type="checkbox"/> MOTHER</td></tr><tr><td><input type="checkbox"/> FATHER-IN-LAW</td><td><input type="checkbox"/> MOTHER-IN-LAW</td></tr><tr><td><input type="checkbox"/> GRANDFATHER</td><td><input type="checkbox"/> GRANDMOTHER</td></tr><tr><td><input type="checkbox"/> STEP-FATHER</td><td><input type="checkbox"/> STEP-MOTHER</td></tr></tbody></table> <p>IS APPLICANT HAVE ANY PAST VISA REFUSAL?</p> <table><tbody><tr><td><input type="checkbox"/> NO</td></tr><tr><td><input type="checkbox"/> YES, 1 REFUSAL</td></tr><tr><td><input type="checkbox"/> YES, 2 REFUSALS</td></tr><tr><td><input type="checkbox"/> YES, 3 REFUSALS</td></tr><tr><td><input type="checkbox"/> MORE THAN 3 REFUSALS</td></tr></tbody></table>	<input type="checkbox"/> FATHER	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER-IN-LAW	<input type="checkbox"/> MOTHER-IN-LAW	<input type="checkbox"/> GRANDFATHER	<input type="checkbox"/> GRANDMOTHER	<input type="checkbox"/> STEP-FATHER	<input type="checkbox"/> STEP-MOTHER	<input type="checkbox"/> NO	<input type="checkbox"/> YES, 1 REFUSAL	<input type="checkbox"/> YES, 2 REFUSALS	<input type="checkbox"/> YES, 3 REFUSALS	<input type="checkbox"/> MORE THAN 3 REFUSALS	
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4) ADDITIONAL INFORMATION	USE THIS SPACE IF THERE ARE MORE THAN 4 APPLICATS OR FOR ANY OTHER INFORMATION.													