



# Four Corners

## FULL CHECK IMMIGRATION ASSESSMENT FORM

**ONLINE OPTION:** Please note that you can complete this form online at [www.fourcorners.net/immform.php](http://www.fourcorners.net/immform.php) using secure credit card payment to obtain a quicker service.

**Destination country(ies) that you wish to be assessed for** - please tick (✓)

Australia       New Zealand       Canada\*       USA\*

*\*You must be resident or located outside of Canada and the USA to complete a Full Check assessment for these destination countries. Please note: Additional fee applies for additional country assessments.*

- ✓ Please complete this form by PRINTING or TYPING your answers in BLACK ink, in ENGLISH, in the boxes provided. You can "Save As" then send the completed form to us as an e-mail attachment.
- ✓ **Please send us the CV/Resume (in English) – for both partners/spouses (if applicable) - with this form.**
- ✓ Please DO NOT send us copies of your degrees/diplomas/certificates/references. (These will be requested later).
- ✓ If necessary, please attach no more than two pages of additional information.
- ✓ Please enclose PAYMENT and allow up to 10 working days for the completed report to be sent to you.

Important note:

This is not an official form, however it is important to provide us with all relevant information that will allow our officially-registered consultants to properly assess your immigration prospects.

**Please be assured that all your personal information will be treated in the strictest confidence and will not be released to any outside party. It will be used only by the Four Corners Immigration for assessment and communication purposes. Please request full Terms & Conditions or see [www.fourcorners.net/fcterms.php](http://www.fourcorners.net/fcterms.php)**

### YOUR PERSONAL DETAILS

**Your Quick Check Number** (from your Quick Check response e-mail): \_\_\_\_\_

	You	Your Partner/Spouse
Family Name		
First Names		
Title	Mr/ Mrs/ Ms/ Dr (circle as applicable)	Mr/ Mrs/ Ms/ Dr (circle as applicable)
Street Address		
City		
Postcode		
State/Province/County		
Country		
Postal Address (if different)		
City		
Postcode		
State/Province/County		
Country		
Home phone		
Mobile phone		
Email		
Fax		
Sex	Male / Female (circle as applicable)	Male / Female (circle as applicable)
Date of Birth		
City & Country of Birth		
Nationality		
<b>Occupation</b>		





## YOUR PARTNER'S EMPLOYMENT HISTORY

Please list the details of your work history. List any gaps in employment.

Start date (month/year)	End date (month/year)	Employers name - (indicate city, country & website)	Position held	Nature of Work (Main Duties)	Total Period (full-time/part-time?)

Written work references or other evidence covering your work history available?	Yes / No (circle as applicable)
If no, please explain the type of proof available?	

## YOUR FINANCIAL STATUS (Both Partners Combined, if applicable)

Please indicate the approximate value of your (and your partner's) current assets and liabilities.

	Currency	Amount
Property equity (value less mortgage)		
Value of cars & vehicles (value less finance)		
Valuables (i.e. Jewellery, Gold, Antiques, etc)		
Savings / Bank deposits / Cash		
Value of shares in a business (deduct debts)		
Stocks / Share / investments (exclude pensions)		
Other (please specify)		
<b>Deduct</b> any outstanding debts / liabilities		
<b>Total Net Worth</b>		

	(Circle as applicable)
Are you expecting any additional payments within the next 2 years: (eg. pension, inheritances, redundancy payments)	Yes / No
If yes, please specify when, and from where?	
Do you?... Own your own home / Rent / Live with parents / Other (Circle as applicable) If other, please specify:	
Do you own a business?	Yes / No
If so, please indicate: No of employees _____ / Annual Turnover _____ / Your % share of ownership _____	
Are you a senior executive of a company (but not a shareholder)? If your answer is yes to either question, please complete this section:	Yes / No
If being assessed for the UK, please state your gross earnings over a 12 month period during the last 15 months.	

LANGUAGES	You	Your Partner / Spouse
Is English your mother tongue?  (Circle as applicable)	Yes / No If No, please specify your level of <b>English ability</b> ;- <b>Reading:</b> Fluent/With Difficulty/Non-existent <b>Writing:</b> Fluent/With Difficulty/ Non-existent <b>Speaking:</b> Fluent/With Difficulty/ Non-existent	Yes / No If No, please specify your level of <b>English ability</b> ;- <b>Reading:</b> Fluent/With Difficulty/Non-existent <b>Writing:</b> Fluent/With Difficulty/ Non-existent <b>Speaking:</b> Fluent/With Difficulty/ Non-existent
For immigration to Canada; (Circle as applicable)	Please specify your level of <b>French ability</b> ; <b>Reading:</b> Fluent/With Difficulty/Non-existent <b>Writing:</b> Fluent/With Difficulty/ Non-existent <b>Speaking:</b> Fluent/With Difficulty/ Non-existent	Please specify your level of <b>French ability</b> ; <b>Reading:</b> Fluent/With Difficulty/Non-existent <b>Writing:</b> Fluent/With Difficulty/ Non-existent <b>Speaking:</b> Fluent/With Difficulty/ Non-existent
Other languages?	Please specify level of ability.	Please specify level of ability.

**DESTINATION COUNTRY CONNECTIONS (Both Partners Combined)**

Do you have family in your destination country? (circle as applicable)	Yes / No
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If yes, please give details of your closest relatives in your destination country;

Family relationship (eg. brother, aunt)	
Location (city & post-code) and how long resident there?	
Their residence status – (circle as applicable)	Citizen / Permanent Resident / On Temporary Visa

Other family relationship (eg. brother, aunt)	
Location (city & post-code) and how long resident there?	
Their residence status	Citizen / Permanent Resident / On Temporary Visa

Please give details of your closest relatives in your <b>current country of residence</b> . (Indicate the total number of close relatives in your current country of residence eg brothers, sisters, parents, adult children).	
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**ADDITIONAL INFORMATION (Both Applicants Combined)**

Do you or any of those accompanying you have any health problems or chronic illnesses?	Yes / No
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If so, please give details:

Have you or any of those accompanying you been <b>charged or served time for a criminal offence (or are currently under investigation)</b> , been <b>deported</b> from or refused entry/residency to any country, or been involved with known criminal or terrorist groups? If so, please give details:	Yes / No
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If planning to work, do you have a job arranged? Yes / No If Yes, please state company name, job title, work duties, salary, and start date;-
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If No, do you require further assistance in finding employment?	Yes / No
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Are you planning a business or investment? Yes / No If Yes, please state the type of business or investment that interests you below.
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Assuming you are eligible, when do you plan to proceed with a residence application? (circle as applicable)	Immediately/Within several months/Undecided
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Is there any further important information that should be known about you that may affect your application? (Please continue on separate sheet if necessary)	
How did you hear about Four Corners? (Specific publication, website or person?)	
Have you already spoken to a Four Corners representative?	Yes / No
If yes, please state the representative's name.	

**Declaration** - I hereby state that the information contained in this form is, to the best of my knowledge an accurate and truthful statement of my past and current situation.

Signed (sign or type) ..... Full Name: ..... Date: .....

**Four Corners cannot accept responsibility for an assessment or subsequent residence application made from information that is untrue, incorrect, incomplete or misleading. Four Corners reminds all clients that the final decision in respect of immigration is for the relevant immigration authorities.**




**Important Immigration Regulatory Compliance Notice:** Our company places the utmost importance on adhering to the immigration legislation and codes of conduct of the immigration regulatory bodies of Australia, Canada, New Zealand, USA and UK, and we serve to protect client interests by delivering and confirming all specific immigration advice solely in writing. In contacting us and instructing our company at each and every stage in the process (either by phoning us or writing to us, meeting with us, completing Quick-Check eligibility assessments, Full-Check immigration assessments, service agreement forms, and interacting with us in way), you are accepting our company policy that specific "immigration advice" will only be provided to you, and be accepted by you, IN WRITING when signed by our IAA New Zealand Licensed Immigration Advisors / MARA Australia Registered Migration Agents / CSIC Certified Canadian Immigration Consultants and/or Immigration Lawyers or other (see details of these personnel and the code of conduct on our official registrations / our people page). Our Frontline receptionists and Personal Relocation Agents/Interpreters, Directors and other administrative staff DO NOT provide specific immigration advice, either verbally or otherwise, and are not permitted to do so, but they can pass on general introductory information to you, gather your personal information and questions, complete the necessary forms to hand to our IAA New Zealand Licensed Immigration Advisors / MARA Australia Registered Migration Agents / CSIC Certified Canadian Immigration Consultants and/or Immigration Lawyers or other, and deliver/read/translate their WRITTEN immigration advice response and answers to you. Please do not act in any way until this signed written confirmation has been received by you. We will not accept responsibility for any actions, loss or damage if you fail to comply with this important company policy.

**Full Check Assessments**

Number of people being assessed	
Number of countries being assessed for	
Total Price* (state currency)	

\* Please ask your Personal Relocation Agent about Full Check prices. (See [www.fourcorners.net/contactus.php](http://www.fourcorners.net/contactus.php))

**Credit\*:** By completing these details, I authorise for the following amount to be taken from my credit card:

<b>Total Full Check Fee Amount</b>	<input type="text"/>	<b>Type of Card</b> (please tick)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>Currency</b>	<input type="text"/>							

Card number: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Expiry date: \_\_\_\_\_  
 Start date/valid from: \_\_\_\_\_ Issue Number (debit cards only): \_\_\_\_\_  
 (if present) \_\_\_\_\_

**\*Please note: Credit card payments will be taken in NZD and subject to exchange rate differences. If you wish to make a payment in Australian or US Dollars, please contact us for further details.**

- PERSONAL CHEQUE: I enclose a personal cheque (United Kingdom & New Zealand only):** Please attach your Cheque, payable to Oceania Development Group, to this form and return by POST. Cross cheque "NOT NEGOTIABLE"
- INTERNATIONAL BANK DRAFT: I enclose an International Bank Draft:** Please ATTACH your Draft made payable to Oceania Development Group to this form and return by POST.
- INTER-BANK TRANSFER: I have remitted the payment to your bank account.** Please quote your Customer Number and, where possible, ATTACH a copy of your payment receipt to this form.

**United Kingdom & Ireland:** Account Name: Currency Online Limited – Client Bank Account  
 Bank: Barclays Bank Plc, Slough Trading Estate Branch, Hamilton Rd, Slough, Berks. SL1 4RP  
 Account Number: 03642968 (Sort Code: 20-78-58)  
 Swift/BIC Code: BARCGB22 Reference: **ODG Client No:** .....  
 IBAN Number: GB03 2078 5803 6429 68

**Europe:** Account Name: Currency Online Limited – Client Bank Account  
 Bank: Barclays Bank Plc, Slough Trading Estate Branch, Hamilton Rd, Slough, Berks. SL1 4RP  
 Swift/BIC Code: BARCGB22 Reference: **ODG Client No:** .....  
 IBAN Number: GB75 BARC2078 5847 9888 11

**All Other Countries:** Account Name: Oceania Development Group  
 Bank: Westpac, Cnr Cashel & High Streets, Christchurch, New Zealand.  
 Account Number: 03-1592-0557869-000  
 Swift/BIC Code: WPACNZ2W

**Cash:** Please bring this form with any cash payment to your nearest office (please make an appointment in advance)

**All applicants:-**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Full Name: \_\_\_\_\_  
 (please print) \_\_\_\_\_

**NOTE: We will be unable to process your Assessment until payment has been received & cleared.**