

ScotiaMcLeod Immigrant Investor Program Client Information Form

*Please complete the following questionnaire for an assessment for Investor Class Immigration. This will also help us answer your questions or requests as accurately as possible.

GENERAL INFORMATION

Where did you hear about us?

What is your main objective for your immigration to Canada?

Have you met one of our representatives?

Yes

No

Name: _____

PERSONAL INFORMATION

Title: _____

Last Name: _____

First Name: _____

Language(s) spoken: English French Other _____

Country of Residency: _____

Citizenship: _____

Personal email address: _____

Telephone Number: _____ Mobile: _____

Mailing Address: _____

Total Net Worth: _____
(Approx. in US\$)

List Assets: _____

BUSINESS EXPERIENCE

Occupation: _____
(Profession)

Employer: _____
(Name of company)

Type of Business: _____

Duties: _____

Company Website: _____
(If available)

Please send your completed form via mail, fax or email to:

ScotiaMcLeod Immigrant Investor Program

Attention: Guy Pilote

1002 Sherbrooke West, Suite 2140

Montreal QC H3A 3L6

Tel: 514-350-7764

Fax: 514-350-7794

E-mail: guy_pilote@scotiamcleod.com