

Client Registration & ASSESSMENT FORM

STEP VISA CONSULATNT

Study Visa | Visit Visa | Work Visa |
immigration Services

A CLIENT PERSONAL INFORMATION

Full Name :

Place Of Birth : **Date Of Birth** :
D D M M Y Y

Address :

Status : Single Married

Nationality : **Gender** : Male Female

Contact : **City/Country** :

E-Mail :

B VISA / IMMIGRATION DETAILS

Visa Category : Study Visa Tourist/Vist Visa Immigration Visa

Preferred Country : Europe USA Singapore UK
 China Baku,Azerbaijan Greek Cyprus Other _____

Preferred Intake / Travel Month: _____

Do You Have a Valid Passport? Yes No

Have You Applied for Any Visa Before? Yes No

If Yes, Country & Result: _____

Any Previous Visa Refusal ? _____

C**EDUCATION / WORK BACKGROUND****Recent Qualification:** _____**Passing Year:** _____**Institution / University Name:** _____

English Test Taken:

 IELTS PTE TOEFL Duolingo Not Yet

Score / Band (if any): _____

Current Occupation: Student Job Holder Business Self-Employed **Unemployed****Work Experience:** _____**D****FINANCIAL / SPONSOR INFORMATION****Who Will Sponsor Your Case?** Self Father Mother Husband Brother Other**Estimated Bank Statement Available:**

Sponsor Name: _____**Sponsor Relation:** _____**Occupation of Sponsor:** _____**E****OFFICE USE ONLY****Case ID:** _____ **Client Name:** _____**Initial Assessment:** Eligible Need More Documents Not Eligible Yet**Recommended Country:** _____ **recommended Visa Type:** _____**Estimated Processing Time:** _____ **Consultation Fee Received:** _____