

REGIONAL CENTER OF SOUTH FLORIDA, LLC
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PRELIMINARY QUESTIONNAIRE

PLEASE SUBMIT COPY OF PASSPORT BIOGRAPHIC INFORMATION PAGE AND COPY OF CURRENT U.S. VISA AND I-94, IF ANY. BY COMPLETING AND RETURNING THIS PRELIMINARY QUESTIONNAIRE, APPLICANTS AGREE AND CONSENT TO THE DISCLOSURE OF THIS INFORMATION TO THE ESCROW AGENT IF REQUIRED. PLEASE ANSWER ALL QUESTIONS AND ENTER N/A IF THE QUESTION IS NON-APPLICABLE. INCOMPLETE QUESTIONNAIRES WILL NOT BE ACCEPTED.

APPLICANT INFORMATION

NAME _____
(Last) (First) (Middle Name)

GENDER: Male Female

OTHER NAMES USED OR ALIASES (include maiden name) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
(MM/DD/YEAR) (City & Country)

ALL COUNTRIES OF CITIZENSHIP _____

U.S. SOCIAL SECURITY # _____ USCIS ALIEN # _____

CURRENT ADDRESS _____
(Street # and Name) (Apt. #)

(City or Town) (State or Province)

(Country) (Zip or Postal Code)

TELEPHONE NUMBER _____ FAX NUMBER _____
(Country Code, Area Code, Number) (Country Code, Area Code, Number)

EMAIL ADDRESS _____

ACCOMPANYING FAMILY MEMBER INFORMATION

MARITAL STATUS Married Divorced Single

NAME OF SPOUSE _____
(Last) (First) (Middle Name)

OTHER NAMES USED OR ALIASES (include maiden name) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
(MM/DD/YEAR) (City & Country)

ALL COUNTRIES OF CITIZENSHIP _____

DATE OF MARRIAGE _____ PLACE OF MARRIAGE _____
(MM/DD/YEAR) (City & Country)

U.S. SOCIAL SECURITY # _____ USCIS ALIEN # _____

NAME OF CHILDREN (LAST, FIRST AND MIDDLE)	DATE OF BIRTH (MM/DD/YEAR)	PLACE OF BIRTH (CITY & COUNTRY)	NATIONALITY

GENERAL U.S. IMMIGRATION QUESTIONS

DO YOU HAVE UNMARRIED CHILDREN THAT WILL TURN 21 WITHIN THE NEXT YEAR?
YES NO

IF YES, PLEASE PROVIDE NAME AND DATE OF BIRTH OF CHILD.

HAVE YOU OR ANY MEMBER OF YOUR FAMILY BEEN CONVICTED OF A CRIME?
YES NO

IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES AND PROVIDE DOCUMENTATION.

SUMMARIZE YOUR PAST WORK EXPERIENCE INCLUDING JOB TITLE, COMPANY NAME AND DATE EMPLOYMENT STARTED/ENDED.

SUMMARIZE HOW YOU ACQUIRED YOUR WEALTH, INCLUDING THE SOURCE OF THE INVESTMENT FUNDS.

PLEASE DESCRIBE THE ORIGIN OF THE CAPITAL YOU INTEND TO USE AS YOUR EB-5 INVESTMENT AND THE DOCUMENTATION AVAILABLE TO ESTABLISH THAT IT WAS LAWFULLY OBTAINED SUCH AS SALARY, PROFIT OR EARNINGS FROM A BUSINESS, THE PROFITS OR PROCEEDS FROM THE SALE OF REAL ESTATE, OR THE PROFITS OR EARNINGS FROM STOCK OR OTHER INVESTMENTS, INHERITANCE, GIFTS OR LOANS. PLEASE BE AWARE THAT IF ALL OR PART OF THE ORIGIN OF THE CAPITAL IS FROM A GIFT, INHERITANCE OR LOAN FROM A BANK OR OTHER FINANCIAL INSTITUTION, THE LAWFUL SOURCE OF THOSE FUNDS MUST BE DOCUMENTED.

IS THERE ANY OTHER RELEVANT INFORMATION REGARDING THE CURRENT IMMIGRATION STATUS OF YOU AND YOUR FAMILY MEMBERS THAT WE SHOULD BE AWARE OF AND THAT COULD RESULT IN THE DENIAL OF THE EB-5 PETITION, CONSULAR PROCESSING OR ADJUSTMENT OF STATUS?

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION ABOVE IS ACCURATE AND HAS BEEN COMPLETED TO THE BEST OF MY ABILITY.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE