|  |  |
| --- | --- |
| **Applicant’s Name:** |  |
| **Dependents in total:**  |  |
| **Children’s Ages:**  |  |
| **Aging Out Case: YES / NO (19, 20, 21)** |  |
| **Province / Country:** |  |

A.A REVIEW CHECKLIST – Main Applicant

|  |  |  |  |
| --- | --- | --- | --- |
| DOCUMENT | INFORMATION/DATE/Expiry date | YES | NO |
| Covid Vaccination (First Dose / Fully Vaccinated)12 Years and older  | Certificate:  |[ ] [ ]
| Sponsoring company |  |[ ] [ ]
| Service Agreements: | Date Signed:  |[ ] [ ]
| SA Police Clearance:  | Date:  |[ ] [ ]
| Other Police Clearance: | Date:  |[ ] [ ]
| Passport Date:  | Date:  |[ ] [ ]
| Birth Certificate: |  |[ ] [ ]
| Driver’s License  | Date:  |[ ] [ ]
| Application form | Date:  |[ ] [ ]
| EB3 Client form | Date:  |[ ] [ ]
| ETA 9089 | Date:  |[ ] [ ]
| Payment 1 | Date |[ ] [ ]
| Payment 2 |  |[ ] [ ]
| Payment 3 |  |[ ] [ ]
| Payment 4 |  |[ ] [ ]
| Supporting Documents |  |[ ] [ ]
| Unabridged Marriage Certificate |  |[ ] [ ]

**Priority date:**

A.A REVIEW CHECKLIST – Spouse:

|  |  |  |  |
| --- | --- | --- | --- |
| DOCUMENT | INFORMATION/DATE/Expiry date | YES | NO |
| Covid Vaccination (First Dose / Fully Vaccinated)12 Years and older  | Certificate:  |[ ] [ ]
| SA Police Clearance:  | Date:  |[ ] [ ]
| Other Police Clearance: | Date:  |[ ] [ ]
| Passport Date:  | Date:  |[ ] [ ]
| Birth Certificate: |  |[ ] [ ]
| Supporting Documents: |  |[ ] [ ]

A.A REVIEW CHECKLIST – Child 1:

|  |  |  |  |
| --- | --- | --- | --- |
| DOCUMENT | INFORMATION/DATE/Expiry date | YES | NO |
| Covid Vaccination (First Dose / Fully Vaccinated)12 Years and older  |  |[ ] [ ]
| SA Police Clearance:  | Date:  |[ ] [ ]
| Other Police Clearance: | Date:  |[ ] [ ]
| Passport Date:  | Date:  |[ ] [ ]
| Birth Certificate: |  |[ ] [ ]
| Supporting Documents: |  |[ ] [ ]