|  |  |
| --- | --- |
| **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: |  |  |  |