

Club eXpats – Client information

Fill out and send back to rebeca.calvet@clubexpats.com

CONTACT INFORMATION

GENERAL INFORMATION								
NAME AND LAST NAME								
ADDRESS								
STREET:	A	APARTMEN	IT:	ZIP CODE:	CITY:			
COUNTRY:								
TEL.:	C	ELL:						
E-MAIL:								
D.O.B	MARITAL STATUS	NATIC	NALITY	AGE	RELIGION			
WORK INFORMA								
PREVIOUS WORK O	UTSIDE THE USA							
PLACE			POSITION					
WORK IN USA								
PLACE			POSITION					
FLACE			FUSITION	V				
ADDRESS			PHONE					
710011233			THORE					
INMIGRATION IN	FORMATION							
TYPE OF VISA TO EN	NTER THE USA:							
HAVE YOU EVER HA	D A SOCIAL SECURIT	Y NUMBER	?:					
COUNTRIES YOU HAVE LIVED BEFORE:								
60.4.45.:								
COMMENTS:								



DDITIONAL INFORMATION				
ANGUAGES SPOKEN AT HOME		OTHER LAN	GUAGES	
EDICAL ICCLIEC				
EDICAL ISSUES				
PORTS/ACTIVITIES/HOBBIES				
RANSPORTATION	(0.1.05).105			
DO YOU HAVE A VALID DRIVER	S LICENSE	DO YOU HAVE	A USA DRIVERS LICENSE?	
YES/NO		YES/NO		
123/140		125/110		
		IF YES, FROM V	WHICH STATE:	
ADE VOLLODIANUNG A CAR	VEC ALO	DOES IT SOME	WITH WOUR DELONGINGS	
ARE YOU OBTAINING A CAR:	YES/NO	YES/NO	WITH YOUR BELONGINGS:	
WANT TO OBTAIN A LEASE:	YES/NO	-	T TO BUY A CAR:	
		YES/NO		
LEASE AGENT				
DO YOU HAVE A LEASE	PHONE:		E-MAIL:	
AGENT? YES/NO				
COMMENTS:				





INFORMATION ABOUT THE SPOUSE

GENERAL INFO	RMATION						
NAME AND LAST N	NAME						
							
TEL.: E-MAIL:	C	ELL:					
E-IVIAIL.							
D.O.B	MARITAL STATUS	NATIONALITY	AGE	RELIGION			
D.O.D	WINITITESTITIOS	IV/(IIOIN/(LITT	AGE	KELIGION			
WORK INFORMA	ATION						
PREVIOUS WORK							
PLACE		POSITIO	N				
WORK IN THE USA	4	I					
PLACE		POSITIO	N				
ADDRESS		PHONE					
NDDNESS		THORE					
INMIGRATION I	NFORMATION						
TYPE OF VISA TO E	ENTER THE LISA:						
	AD A SOCIAL SECURIT	Y NUMBER:					
	HAVE LIVED BEFORE:						
COMMENTS							
COMMENTS:							



FAMILY INFORMATION: SONS/DAUGHTERS

NAME	SEX	DATE OF BIRTH	AGE	CURRENT SCHOOL	GRADE

INSURANCE

Only needs to be filled in if the company does not provide you with an insurance

Offig fieeds to be filled iff i	the compa	irry does not provide	you wi	til all liburalice		
Medical insurance	Dental ins	Dental insurance		Vision insurance		
yes/NO		yes/NO		SI/NO		
IN CASE YOU DO NOT HAVE ONE OF THE ABOVE INSURANCES, DO YOU WANT US TO RECOMMEND						
YOU ONE? YES/NO						
ASIGNED INSURANCE AGE	NT					
		CELL PHONE		E-MAIL		
COMMENTS:						

HOUSE PET

Marc with an X

DO YOU HAVE A PET	YES		N	10		
TYPE OF PET		BREED		l l	AGE	
DOG 1						
DOG 2						
CAT 1						
OTHER:						
COMMENTS:						



HOUSEKEEPING SERVICES

Marc with an X

DO YOU NEED HOUSEKEEPING / CLEANING SERVICES							
IN - HOUSE	ONLY BY THE HOUR	ONLY OCASIONALLY					
COMMENTS							

HOUSING INFORMATION

Marc with an X

HOUSING TYPE					
HOUSE			APARTMENT		
RENT	BUY		FURNISHED	UNF	FURNISHED
SIZE	1 ROOM	2 ROOMS	3 ROOMS	4 ROOMS	+ 5 ROOMS
REAL ESTATE A	AGENT (ONLY IN C	CASE YOU HAVE			
ONE)					
AGENT CONTA	CT DATA	Cell Phone		E-mail	
SPECIAL NEED	S (animals, garde	n, view)			
DO VOLUMANIA	FINEODMATION	A DOLLE OLLD	T	\/EC/NIO	
	FINFORMATION /	ABOUT OUR		YES/NO	
SERVICE "MOV	E IN READY"				
COMMENTS					



ADDITIONAL INFORMATION / COMMENTS

All the information provided to club eXpats LLC is strictly confidential and will remain as such.