



EB-5 INVESTOR QUESTIONNAIRE

PLEASE COMPLETE THE DC PARTNERS REGIONAL CENTER'S INVESTOR QUESTIONNAIRE TRUTHFULLY AND ACCURATELY. THIS QUESTIONNAIRE IS ENTIRELY CONFIDENTIAL AND WILL NOT BE DISCLOSED. THIS QUESTIONNAIRE IS NOT AN APPLICATION TO U.S. CITIZENSHIP & IMMIGRATION SERVICES FOR A VISA. THIS QUESTIONNAIRE DOES NOT GUARANTEE YOU WILL BE ACCEPTED AS AN INVESTOR TO THE REGIONAL CENTER.

PERSONAL INFORMATION			
Investor Name:			
_____	_____	_____	
Last Name	First Name	Middle Name	
Investor Maiden Name (if applicable):			
Email Address:		Mobile Phone:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Marital Status:			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Date of Birth:(mo./day/year)		Place of Birth:(city/country)	Country of Citizenship
Passport Issued by:(Country)	Passport Number:	Passport issued: (date)	Passport expiry: (date)
Indicate Other Nationalities (if any):			
PRESENT ADDRESS ABROAD:			
Street Address:			
City:	State/Province:	Country:	Postal/Zip Code:
Home Phone Abroad:		Work Phone Abroad:	
Fax Number Abroad:			
ADDRESS IN THE US (IF ANY):			
Street Address:			
City:	State/Province:	Country:	Postal/Zip Code:
Home Phone in the US:		Work Phone in the US:	
Fax Number in the US:			



IF YOU ARE CURRENTLY INSIDE THE UNITED STATES, PLEASE PROVIDE THE FOLLOWING:

Type of US Visa <input type="checkbox"/> B Visitor <input type="checkbox"/> F / M Student <input type="checkbox"/> J1 / J2 Exchange Visitor <input type="checkbox"/> Work Visa (give type): _____ <input type="checkbox"/> Other Visa (give type): _____	Visa issuance Date: Visa expiry date:	I-94 Issuance Date: (attach copy) I-94 expiry date:
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Date of Last Entry Into US (month/day/yr.):	Place of Last Entry Into US:
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INFORMATION ABOUT YOUR SPOUSE:

Full legal name	Maiden name (if any)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Birth (mo./day/year)	Place of Birth (city/country)	Country of Citizenship	
Passport Issued by (Country)	Passport Number	Passport Issued (date)	Passport expiry (date)

INFORMATION ABOUT YOUR CHILDREN:

Name	Date of Birth (MM/DD/YYYY)	City & Country of Birth	Address Same as yours <input type="checkbox"/>

PRIOR VISAS TO THE UNITED STATES:

Have you ever been issued a US Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Last Visa (MM/DD/YYYY):	What type of Visa(s)?
Have you ever been fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your U.S. Visa ever been cancelled or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your U.S. visa ever been lost or stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been refused a U.S. Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain:



FINANCIAL CONDITION:

Do you meet one or any of the following?

1. **Sophistication – All Investors.** I, either alone or with my purchase representative or representatives, if any, have sufficient knowledge and experience in financial and business matters to be capable of evaluating the merits and risks of this investment. Yes No
2. US\$200,000 Annual income for the past 3 years; or combined marital income of US\$300,000: Yes No
3. Net worth in excess of US\$1,000,000: Yes No

EMPLOYMENT & WORK HISTORY

Employer (Exact Name of Business):		Business Address:	
City:	State/Province:	Country:	Postal/Zip Code:
Position:		Start Date:	
Annual Salary:		Other Compensation:	
Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe Any Significant Previous Employment (please give employer name, exact dates of employment, highest position held, and annual salary):

Describe Any Income Earned as Owner of a Business (please give name of company, dates of ownership, and annual salary. Please explain how your role in the business ended):

Describe in detail any funds or assets that you intend to dedicate towards this investment:

<input type="checkbox"/> Gift from _____	<input type="checkbox"/> Mortgage Loan
<input type="checkbox"/> Loan from family	<input type="checkbox"/> Savings
<input type="checkbox"/> Loan from Company/Bank	<input type="checkbox"/> Other, please explain: _____

Please describe any real estate assets abroad or in the U.S. that either have been (or will be) sold or mortgaged for this investment, or which help provide you with over U.S. \$1,000,000 in total assets.



Will you use loans to finance this investment? If yes, please describe loans in detail:

Will you use gifts or inherited funds for this investment? If yes, please describe in detail:

Are you the sole and exclusive owner of the assets described above? If you are not, please explain.

Do you have copies of 5 years of personal income tax returns? Yes No

If no, is personal income is tax paid in your country of tax residence? Yes No

If no personal income tax is paid in your country of tax residence, please explain:

- Whether you pay taxes through withholding of Income by your employer, or
- Pay other taxes such as Corporations Tax, Value Added Tax, Real Estate Tax?
- Please provide copies of any corresponding corporate tax returns of companies you own, or evidence of Withholding of Tax on Salary; Value Added Tax Payments or Real Estate Tax Payments for the last five (5) years.

IMMIGRATION HISTORY:

**IF YOU ANSWER YES TO ANY QUESTION OF THE FOLLOWING QUESTIONS,
PLEASE ATTACH A WRITTEN EXPLANATION**

Have all of the funds and assets used for this investment been legally obtained? Yes No

Have you ever been involved in money laundering? Yes No

Have you or your spouse ever filed for bankruptcy? Yes No

Have you or your spouse ever been arrested, charged with a crime, or convicted of a crime, even if subject to a pardon or amnesty? Yes No

Do you have communicable diseases that endanger the public, such as tuberculosis? Yes No

Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others? Yes No



Are you or have you ever been a drug abuser or addict?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse ever overstayed a visa to the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse ever been deported from the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse ever been refused admission to the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever lied or committed fraud to obtain a visa or admission to the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever stated to an immigration officer or other US government official that you are a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever voted or registered to vote in an election in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you seek to engage in espionage, sabotage, export control violations or other illegal activity in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been involved with a paramilitary, vigilante, rebel, guerrilla or insurgent organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you seek to engage in terrorist activities in the US or are you a member of a terrorist organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever engaged in terrorist activities any where in the world?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever provided financial or other support to a terrorist organization, or do you intend to provide financial support to terrorist organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a member of the communist party? If yes, was this required for employment? Have you renounced your membership in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever incited or participated in extrajudicial killings, political or religious killings, severe violations of religious freedom or torture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever incited or participated in genocide or been a member of the Nazi party?	<input type="checkbox"/> Yes <input type="checkbox"/> No



DOCUMENTS:

Once you have completed the Investor Questionnaire, please send copies by mail, email or fax of the following documents identification for the Investor and spouse and child(ren), if any:

1. Valid government issued drivers license or National Identity card with photograph
2. Valid passport (copy of picture page)
3. If available, current US visa stamp or visitor visa, or Form I-797 Visa Approval Notice
4. If available, Form I-94 of each member of our family in the U.S.

If you decide to proceed with your EB-5 visa petition, USCIS will require copies of the following documents to analyze your case:

5. Signed personal income tax returns filed with the Tax Authorities of your country of tax residence for the last five (5) years.
6. If appropriate, other documents filed with the Tax Authorities of your country of tax residence that prove compliance with obligation to pay tax on the income you earn, for the last five (5) years.
7. Bank statements of at least 3 to 6 months for each account used in the transaction.
8. Wire transfer confirmations for money transferred (instructions from originating bank account with bank statements, and destination bank account with bank statements).
9. Ownership documents proving ownership of shares in a company.
10. Notarial deeds or contracts confirming ownership of real estate assets.
11. Written deed of gift of any assets or cash gifted to the Investor.
12. If applicable, foreign business registration records of companies you own.
13. If applicable, signed business income tax returns filed with the Tax Authorities for the last five (5) years for the main companies that provide you income.

I CONFIRM THAT ALL OF THE INFORMATION I HAVE PROVIDED AND THE DOCUMENTS SUBMITTED IN RESPONSE TO THIS INVESTOR QUESTIONNAIRE IS ACCURATE AND COMPLETE:

PRINT NAME:

SIGNATURE:

DATE:
