

EUGENIX® P.S.A. RELOCATION QUESTIONNAIRE PART A

SECTION (1) - REPATRIATION REASONS	
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1.1				1.2				1.3				1.4				1.5
SEXUAL ENDANGERMENT				MEDICAL CONDITION				MILITARY CONFLICT				NATURAL / CLIMATIC CATASTROPHY				OTHER REASON (LIST)
YES		NO		YES		NO		YES		NO		YES		NO		

SECTION (2) - REPATRIATION SIZE	
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2.1				2.2				2.3	2.4	2.5
SOLO RETURN				FAMILY RETURN				TOTAL NUMBER OF REPATRIATES	ALL REPATRIATES ABOVE 18	ALL REPATRIATES BELOW 18
YES		NO		YES		NO				

SECTION (3) - REPATRIATION LIST (List all repatriates from the oldest to the youngest)

3.0			IS THIS GROUP OF REPATRIATES LARGER THAN 8 PERSONS ?		YES		NO		IF YES LIST OTHER REPATRIATES ON FORM PART B	
3.1	3.2	3.3		3.4		3.5			3.6	
N.	AGE	RELATIONSHIP		FIRST		MIDDLE			LAST	
1										
2										
3										
4										
5										
6										
7										
8										

SECTION (4) - REPATRIATES REPRESENTATION (Representation type listed in section 3)	
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4.1				4.2				4.3				4.4				4.5			
IS PLACE OF DEPARTURE A RECOGNISED UNITED NATION SOVEREIGN STATE				PARENT ABOVE THE AGE OF 18				SIBLING ABOVE THE AGE OF 18				SELF REPRESENTATION ABOVE THE AGE OF 18				BELOW THE AGE OF 18			
YES		NO		YES		NO		YES		NO		YES		NO		YES		NO	
4.6				4.7				4.8				4.9				4.10			
GOVERNMENTAL ORGANISATION FROM STATE OF DEPARTURE				GOVERNMENTAL ORGANISATION FROM STATE OF ARRIVAL				NGO FROM STATE OF DEPARTURE				NGO FROM STATE OF ARRIVAL				OTHER (LIST			
YES		NO		YES		NO		YES		NO		YES		NO					

SECTION (5) - REPRESENTANT PERSONAL DETAILS									
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5.1		5.2		5.3		5.4	
RELATIONSHIP SPECIFIED IN SECTION 3		FIRST		MIDDLE		LAST	
5.5	5.6	5.7	5.8	5.9	5.10		
AGE	DOB	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	CITIZENSHIP IDENTIFICATION DRIV LIC - TAX ID - PASSPORT	CITIZENSHIP IDENTIFICATION SERIES AND NUMBER		

SECTION (6) - REPRESENTANT CONTACT DETAILS									
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6.1	6.2	6.3	6.4	6.5
RESIDENCE COUNTRY	RESIDENCE STATE	RESIDENCE COUNTY	RESIDENCE CITY	RESIDENCE ZIP-CODE
6.6	6.7	6.8	6.9	
RESIDENCE STREET NAME	RESIDENCE SUIT	RESIDENCE TELEPHONE NUMBER	CONTACT EMAIL ADDRESS	

SECTION (7) - REPATRIATION ENTITY CONTACT DETAILS (Listed in section 4)																	
7.1								7.2				7.3					
REPATRIATION ENTITY REGISTERED NAME								ENTITY REGISTRATION TYPE				ENTITY REGISTRATION NUMBER					
7.4		7.5			7.6			7.7			7.8						
REGISTRATION COUNTRY		REGISTRATION STATE			REGISTRATION COUNTY			REGISTRATION CITY			REGISTRATION ZIP-CODE						
7.9				7.10		7.11				7.12							
REGISTERED OFFICE STREET NAME				OFFICE SUIT		REGISTERED OFFICE TELEPHONE NUMBER				OFFICE EMAIL ADDRESS							
SECTION (8) - REPATRIATION ENTITY REPRESENTATIVE PERSONAL DETAILS																	
8.1				8.2				8.3				8.4					
REPATRIATION ENTITY POSITION				FIRST				MIDDLE				LAST					
8.5				8.6				8.7				8.8					
REPRESENTATIVE MOBILE TELEPHONE NUMBER				REPRESENTATIVE EMAIL ADDRESS				COUNTRY OF CITIZENSHIP				COUNTRY OF CITIZENSHIP PASSPORT SERIES AND NUMBER					
SECTION (9) - REPATRIATES PERSONAL DETAILS (List from the oldest to the youngest as stated in section 3)																	
9.1	9.2	9.3			9.4			9.5			9.6						
N.	DOB	COUNTRY OF BIRTH			COUNTRY OF CITIZENSHIP			CITIZENSHIP IDENTIFICATION DRIV LIC - TAX ID - PASSPORT			CITIZENSHIP IDENTIFICATION SERIES AND NUMBER						
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
SECTION (10) - REPATRIATES INDIGENOUS ETHNIC DETAILS (Filled by the Repatriation Entity Ethnic Specialist)																	
10.1	10.2				10.3		10.4		10.5		10.6		10.7				
N.	ETHNICITY VERIFICATION - TYPE OF SPECIMEN COLLECTED				ARCTIC GROUP A		COARCTIC GROUP B		COARCTIC GROUP C		RAFALTIC-AQUATIC GROUP D		COMMUNITY TYPE AND DESTINATION				
	SPECIMEN ID	PICTURE	HAIR	BLOOD	TYPE	QUANT	TYPE	QUANT	TYPE	QUANT	TYPE	QUANT	FULL ETHNIC	SEMI ETHNIC	PUBLIC HOUSING	STATE CODE	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
10.8								10.9				10.10					
FORM PREPARER ID NUMBER OR FULL NAME PRINTED								QUESTIONNAIRE ID NUMBER				DATE OF PREPARATION					

EUGENIX® P.S.A. RELOCATION QUESTIONNAIRE PART B

Extra space to list all additional repatriants.

SECTION (3) - REPATRIATION LIST CONTINUATION (List all repatriates from the oldest to the youngest)

3.0			IS THE FAMILY MORE NUMEROUS THAN 24 PERSONS ?		YES		NO		HELP REPATRIANTS FORM SMALLER GROUPS	
3.1	3.2	3.3	3.4		3.5			3.6		
N.	AGE	RELATIONSHIP	FIRST		MIDDLE			LAST		
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										

SECTION (9) - REPATRIATES PERSONAL DETAILS CONTINUATION (List from the oldest to the youngest as stated in section 3)

9.1	9.2	9.3	9.4	9.5	9.6
N.	DOB	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	CITIZENSHIP IDENTIFICATION DRIV LIC - TAX ID - PASSPORT	CITIZENSHIP IDENTIFICATION SERIES AND NUMBER
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

SECTION (10) - REPATRIATES INDIGENOUS ETHNIC DETAILS CONTINUATION (Filled by the Repatriation Entity Ethnic Specialist)																
10.1	10.2				10.3		10.4		10.5		10.6		10.7			
N.	ETHNICITY VERIFICATION - TYPE OF SPECIMEN COLLECTED				ARCTIC GROUP A		COARCTIC GROUP B		COARCTIC GROUP C		RAFALTIC-AQUATIC GROUP D		COMMUNITY TYPE AND DESTINATION			
	SPECIMEN ID	PICTURE	HAIR	BLOOD	TYPE	QUANT	TYPE	QUANT	TYPE	QUANT	TYPE	QUANT	FULL ETHNIC	SEMI ETHNIC	PUBLIC HOUSING	STATE CODE
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
10.8							10.9					10.10				
FORM PREPARER ID NUMBER OR FULL NAME PRINTED							PART A QUESTIONNAIRE ID NUMBER					DATE OF PREPARATION				
SECTION (11) - SPACE FOR ADDITIONAL NOTES (Form Preparer, Ethnic Specialists, Repatriation Coordinators, etc)																
11.1												11.2				
NOTES REGARDING INDIVIDUAL REPATRIANTS MUST INCLUDE REPATRIANTS INDIVIDUAL NUMBERS (N.1 TO N.24.)												NOTE AUTHOR ID NUMBER OR NOTE AUTHOR FULL NAME PRINTED				