

EXHIBIT M

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From: sadegh rastegar [REDACTED]
To: nima said [REDACTED]
Cc:
Bcc:
Subject: Fw: Application forms
Date: Thu Jan 10 2013 03:36:23 EST
Attachments: Questionnaire SPOUSE XX.doc
Questionnaire MAIN APPLICANT.doc
Questionnaire CHILD.doc

----- Forwarded Message -----

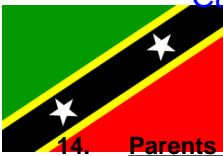
From: aykut okumus [REDACTED]
To: [REDACTED]
Sent: Wednesday, November 7, 2012 6:33 PM
Subject: Application forms



Questionnaire (Spouse)



1. GÜNDE SARRAF EBRU
(Family Name) (First Name) (Other Names)
2. All other Names I have used (include maiden name): GÜNDE
3. Date of Birth: 4. Place of Birth:
(dd/mm/yy) (City or Town) (Country)
5. Height: CM OR FEET INCHES
5.a Weight KG
6. Eye Color: ☐ Blue ☐ Green ☐ Grey ☐ Black
Göz rengi ☐ Brown ☐ Hazel (yellowish brown) ☐ Other
7. Hair Color: CARAMEL 8. Language Spoken: TÜRKISH-ENGLISH
7.a Distinguishing marks (physical)
9. I am a citizen of: TURKIYE Marital Status: MARRIED
(e.g. never married, engaged, married, widowed, separated, divorced)
- (Yes / No)
-
2. Present Address:
- Tel: Mobile
13. Office Address:
- Tel: Fax: Mobile:



Questionnaire (Spouse)



14. Parents Details:

Father' s Full Name:

Date (dd/mm/yy) and Place & Country of Birth:

Complete Present Address:

If deceased, give date (dd/mm/yy):

Current Nationality:

Mother' s Full Name (before marriage)

Date (dd/mm/yy) and Place & Country of Birth:

Complete Present Address:

If deceased, give date (dd/mm/yy):

Current Nationality

15. My Education : Indicate number of years of education successfully completed (starting from Grade 1

Years of elementary/Primary school

Years of Secondary/High School/College

Years of University/Institution

16. Details of my Education

Date From / To mm/yy - mm/yy	Name of Institution (Provide University Name)	City & Country	Type of Certificate or Diploma	Whether Full time or Correspondence



Questionnaire (Spouse)



17. Work History since my 18th birthday

DO NOT LEAVE ANY GAPS. IF GAPS OCCUR EXPLAIN WHAT YOU WERE DOING DURING THAT PERIOD (e.g. not working, in between jobs, hospitalized etc.)

Date From / To mm/yy - mm/yy	Name of Employer/Industry (Write name in full, do not use abbreviations)	City & Country	My Occupation
[REDACTED]	[REDACTED]	STANBUL	NOTABLE ARTIST & SINGER

18. Son 10 yıllık ikamet etti i adresler Provide complete residential address for the past 10 years:

Date From / To mm/yy - mm/yy	Street and Number etc.	City or Town	Country
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]		

19. Have you or has any one of your family members (e.g. spouse/children) ever: (Answer "Yes" OR "No")



Questionnaire (Spouse)



1. Been convicted of or currently charged with any crime or offence in any country?
Herhangi bir ülkede bir suçla ilgili hüküm giydi mi? ☐
2. Been refused an entry visa, residence permit or been deported in any country?
Vizesinin reddedildi i bir ülke var mı? sınırda ı edildi mi? ☐
3. Have applied for citizenship and citizenship not granted in any other country?
Vatandaşlık başvurusunda bulunup reddedildi i bir ülke oldu mu? ☐
4. In periods of either peace or war, have you ever been involved in the commission of a war crime or crime against humanity, such as : willful killing, torture, attacks upon, enslavement, starvation or other inhumane acts committed against civilians or prisoners of war; or deportation of civilians? ☐
5. Have you ever been under investigation by any law enforcement agency or tax authority in any country?
Kolluk kuvvetleri veya vergi kurumları tarafından hakkında soruşturma açıldı mı? ☐
6. Have you ever been involved personally in any bankruptcy or insolvency liquidation?
İflas veya ödeme aczi benzeri bir durumda oldu mu? ☐
7. Have you ever been involved in any bankruptcy or insolvency liquidation as a director of the bankrupt/liquidated company?
İflas veya ödeme aczi benzeri bir durumda olan bir firmanın müdürü konumunda oldu mu? ☐
8. Have you ever sought to obtain or assist others to obtain a visa, entry into a country or any other immigration or citizenship benefit by fraud or willful misrepresentation or other unlawful means?
Yasadışı şekilde başvurularının vize almaları için veya bir ülkeye giri yapmaları için icraatda bulunuldu mu? ☐

If the answer to any of the above is " Yes" provide details here.

Evet olan bir cevap var ise altta detay verin lutfen

20. Annual net Income in
USD \$

21 Current net Assets in
USD \$

Have you ever served in the armed
forces of any country

Yes/ No

no

If "yes" please give
details and dates
and enclose
evidence of service,
discharge and rank
discharge



Questionnaire (Spouse)



Section A – CHILDREN (Include ALL sons & daughters, including ALL adopted & step-children. regardless of age or place of residence)

Name	Relationship	Date of Birth (dd/mm/yy)	Place of Birth (not country)	Current Nationality	Present Address (P.O. Box is not acceptable Provide complete present residential address)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Section B -) BROTHERS & SISTERS (Including half and step brothers and sisters)

Name	Relationship	Date of Birth (dd/mm/yy)	Place of Birth (not country)	Current Nationality	Present Address (P.O. Box is not acceptable Provide complete present)
[REDACTED]					

I certify that the information contained on this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.



Questionnaire (Spouse)



(Signature)

(Date)



1.	SARRAF	RIZA	
	(Family Name)	(First Name)	(Other Names)
2.	All other Names I have used (include maiden name): _____		
3.	Date of Birth: <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> /1983 (dd/mm/yy)	4.	Place of Birth: <div style="display: inline-block; border: 1px solid black; padding: 2px;">TAHRAN</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">IRAN</div> (City or Town) (Country)
5. 5.a	Height: <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> CM Weight: <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> KG	OR	FEET <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> INCHES <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
6.	Eye Color: <div style="display: inline-block; border: 1px solid black; padding: 2px; text-align: center;">Blue Brown <input checked="" type="checkbox"/></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; text-align: center;">Green Hazel (yellowish brown)</div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; text-align: center;">Grey Other</div>
7. 7.a	Hair Color: BLACK Distinguishing marks (physical) _____	8.	Language Spoken: ENGLISH-PERSIAN-TURKISH-INDIAN-ARABIC _____
9.	I am a citizen of: <div style="display: inline-block; border: 1px solid black; padding: 2px;">IRAN / TURKIYE</div>	Marital Status: <div style="display: inline-block; border: 1px solid black; padding: 2px;">MARRIED</div> (e.g. never married, engaged, married, widowed, separated, divorced)	
10.	I have been married more than once : <div style="display: inline-block; border: 1px solid black; padding: 2px;">NO</div> (Yes / No)	If yes, state number of times: _____	
11.	Date and Place of Marriage: <div style="display: inline-block; border: 1px solid black; padding: 2px;">02/02/2010 ISTANBUL-TURKIYE</div>		
12.	Present Address: <div style="display: inline-block; border: 1px solid black; padding: 2px;">[REDACTED]</div>		
	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	
	Home Tel: _____	Mobile: _____	Mobile 2: _____
13.	Office Address: <div style="display: inline-block; border: 1px solid black; padding: 2px;">[REDACTED]</div>		
	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	
	Office Tel: _____	Fax: _____	



Questionnaire (Main Applicant)

14.

Parents Details:

Father's Full Name:

HOSSEIN ZARRAB

Date (dd/mm/yy) and Place & Country of Birth:

Complete Present Address:

If deceased, give date (dd/mm/yy):

Current Nationality:

IRAN

Mother's Full Name (before marriage)

Date (dd/mm/yy) and Place & Country of Birth:

Complete Present Address:

If deceased, give date (dd/mm/yy):

Current Nationality

IRAN

15. **My Education : Indicate number of years of education successfully completed (starting from Grade 1**

Years of elementary/Primary school

Years of Secondary/High School/College

Years of University/Institution

16. **Details of my Education**

Date From / To mm/yy - mm/yy	Name of Institution (Provide University Name)	City & Country	Type of Certificate or Diploma	Whether Full time <u>or</u> Correspondence

17. **Work History since my 18th birthday**

DO NOT LEAVE ANY GAPS. IF GAPS OCCUR EXPLAIN WHAT YOU WERE DOING



Questionnaire (Main Applicant)

DURING THAT PERIOD (e.g. not working, in between jobs, hospitalized etc.)

Date From / To mm/yy - mm/yy	Name of Employer/Industry (Write name in full, do not use abbreviations)	City & Country	My Occupation

18. Provide complete residential address for the past 10 years:

Date From / To mm/yy - mm/yy	Street and Number etc.	City or Town	Country
today		ISTANBUL	TURKIYE

19. Have you or has any one of your family members (e.g. spouse/children) ever: (Answer "Yes" OR "No")

1. Been convicted of or currently charged with any crime or offence in any country?

NO

2. Been refused an entry visa, residence permit or been deported in any country?

NO



Questionnaire (Main Applicant)

3. Have applied for citizenship and citizenship not granted in any other country?

4. In periods of either peace or war, have you ever been involved in the commission of a war crime or crime against humanity, such as : willful killing, torture, attacks upon, enslavement, starvation or other inhumane acts committed against civilians or prisoners of war; or deportation of civilians?

5. Have you ever been under investigation by any law enforcement agency or tax authority in any country?

6. Have you ever been involved personally in any bankruptcy or insolvency liquidation

7. Have you ever been involved in any bankruptcy or insolvency liquidation as a director of the bankrupt/liquidated company?

8. Have you ever sought to obtain or assist others to obtain a visa, entry into a country or any other immigration or citizenship benefit by fraud or willful misrepresentation or other unlawful means?

If the answer to any of the above is "Yes" provide details here:

20. Annual net Income in USD \$ ____ more than \$100,000 ____ more than \$500,000 ____ more than \$1 Million

21 Current Net Assets in USD\$ ____ more than \$500,000 ____ more than \$2 Million ____ more than \$10 Million

Most Important persons/ companies with whom you do business?

Name of the person/ company

1.

Have you ever served in the armed forces of any country

Yes/ No

If "yes" please give details and dates and enclose evidence of service, discharge and rank



Questionnaire (Main Applicant)

Section A - CHILDREN (Include ALL sons & daughters, including ALL adopted & step-children. regardless of age or place of residence)

Full Name	Relationship	Date of Birth (dd/mm/yy)	Place of Birth (not country)	Current Nationality	Present Address (P.O. Box is not acceptable Provide complete present)

Section B - BROTHERS & SISTERS (Including half and step brothers and sisters)

Full Name	Relationship	Date of Birth (dd/mm/yy)	Place of Birth (not country)	Current Nationality	Present Address (P.O. Box is not acceptable Provide complete present)

I certify that the information contained on this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family



Questionnaire (Main Applicant)

details on future applications.

(Signature)

(Date)



Questionnaire (Child)



1. [REDACTED] [REDACTED] [REDACTED]
 (Family Name) (First Name) (Other Names)
2. All other Names I have used (include maiden name): _____
3. Date of Birth: [REDACTED] 4. Place of Birth: [REDACTED] [REDACTED]
 (dd/mm/yy) (City or Town) (Country)
5. Height: [REDACTED] CM OR FEET INCHES
 5.a Weight: [REDACTED] KG
6. Eye Color: ☐ Blue ☐ Green ☐ Grey ☒ Black
☐ Brown ☐ Hazel (yellowish brown) ☐ Other
7. Hair Color: DARK CHESTNUT 8. Language Spoken: _____
 7.a Distinguishing marks (physical) _____
9. I am a citizen of: [REDACTED]
10. Present Address: [REDACTED]
 Fax: _____ Mobile: _____
- _____ Home Tel: _____ Mobile 1: _____ Mobile 2: _____
11. **My Education : Indicate number of years of education successfully completed starting from Grade 1**
- Years of elementary/Primary school
- Years of Secondary/High School/College
- Years of University/Institution



BAYAT
LEGAL SERVICES
BUSINESS & IMMIGRATION
LAWYERS

[illegible]

Date From / To mm/yy - mm/yy	Street and Number etc.	City or Town	Country



Questionnaire (Child)



14. Have you or has any one of your family members (e.g. spouse/children) ever: (Answer "Yes" OR "No")

1. Been convicted of or currently charged with any crime or offence in any country?

☐

2. Been refused an entry visa, residence permit or been deported in any country?

☐

3. Have applied for citizenship and citizenship not granted in any other country?

☐

4. In periods of either peace or war, have you ever been involved in the commission of a war crime or crime against humanity, such as : willful killing, torture, attacks upon, enslavement, starvation or other inhumane acts committed against civilians or prisoners of war; or deportation of civilians?

☐

If the answer to any of the above is "Yes" provide details here.

I certify that the information contained on this document is complete, accurate and factual. I also realize that once this document has been completed and signed that it will form part of my Immigration Record and will be used to verify my family details on future applications.

(Signature)

(Date)