

## Part 2. Information about the Beneficiary (continued)

### 9. Beneficiary's Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

    

City or Town

State

ZIP Code

  

Province

Postal Code

Country

  

### 10. Are the beneficiary's mailing address and physical address the same?

Yes  No

If you answered "No" to **Item Number 10.**, provide your physical address in **Item Number 11.**

### 11. Beneficiary's Physical Address

In Care Of Name (if any)

Street Number and Name (Do **not** provide a PO Box in this space unless it is your **ONLY** address.)

Apt. Ste. Flr. Number

    

City or Town

State

ZIP Code

  

Province

Postal Code

Country

  

## *Beneficiary's Anticipated Length of Stay*

### 12. Beneficiary's Anticipated Period of Stay in the United States

From (mm/dd/yyyy)

To (select one):

(mm/dd/yyyy)

No End Date