

Request For Refund of \$100,000

Entrepreneurial Stream (NBPNP)



1. Principal Applicant Information	
Family Name(s) exactly as shown on your passport or travel document	Date of Birth (mm-dd-yyyy)
First Name(s) exactly as shown on your passport or travel document	NBPNP #
Middle Name(s) exactly as shown on your passport or travel document	INB #

2. Principal Applicant Contact Information				
Email Address		Telephone Number (home)	Telephone Number (cell)	
Current Home Address in NB				
Apt./Unit	Street No.	Street Name	City or Town	Postal Code

3. Your Immigration Representative Information (if applicable)			
Name (last, first)		Organization	ICCRC No.
Email Address		Telephone Number	Website
Company Address			
Apt./Unit	Street No.	Street Name	City or Town / Province / Country
			Postal Code

4. Business Performance Agreement Timelines (mm-dd-yyyy)		
Your official landing date in Canada:		Your arrival date in NB:
30 days after landing date:	Your report date:	Did you meet deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No
60 days after landing date:	Your 1st meeting date:	Did you meet deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No
180 days after landing date:	Your 2nd meeting date:	Did you meet deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No
730 days (2 years) after landing date:	Your Business Opening date:	Did you meet deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Business Profile

Business Name:		Industry Sector:		
Business Address in NB:				
Unit No.	Street No.	Street Name	City or Town	Postal Code
Business Phone #:		Business Email:		Business Website Address:
Business Registration Date (Provincial): (mm/dd/yyyy)			Business Opening Date: (mm/dd/yyyy)	
CRA Business Registration Date (Federal): (mm/dd/yyyy)			GST/HST #:	
Business Fiscal Year		First Customer Sale Transaction Date: (mm/dd/yyyy)		
From (mm/dd/yyyy):		To (mm/dd/yyyy)		

6. Required Documents / Evidence According to Business Performance Agreement

Attach all documents in the numerical order and submit them with this form.

The Department may request additional evidence and information. Your documents will not be returned.

		Please Check <input checked="" type="checkbox"/>	For Office Use
(1)	Permanent Residence Card (copy)		
(2)	Passport (copy of all pages including blank pages)		
(3)	Proof of Residence in NB		
(4)	Business Name Registration (Provincial - SNB)		
(5)	Business Name Registration (Federal - CRA)		
(6)	GST/HST Registration		
(7)	Business License		
(8)	Zoning Permit by the Municipal Government (if applicable)		
(9)	Partnership / Shareholder Agreement (if applicable)		
(10)	Franchise Agreement (if applicable)		
(11)	First Customer Sales Record (copy)		
(12)	Business Bank Account Statements (for the end of each quarter)		
(13)	Employment Contracts (for at least two full-time employees)		
(14)	Payroll & Benefits Records (for at least two full-time employees)		
(15)	Audited Financial Statements (at the end of one full year operation)		
(16)	Business Income Tax – Notice of Assessment by CRA		
(17)	Business Income Tax Paid Records (copy)		
(18)	GST/HST Annual Remittance – Notice of Assessment by CRA		
(19)	A Void Cheque of your business bank account		

7. List Your Evidence for Eligible Investment

Attach all documents in the numerical order and submit them with this form.

The Department may request additional evidence and information. Your documents will not be returned.

You can add more pages if needed.

#	Eligible Investment	Amount Including HST (CAD)	Amount Excluding HST (CAD)	For Officer Verification
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				
(25)				
(26)				
(27)				
	Total (≥ \$250,000 CAD)			

Upload this completed form (including Appendix A) and all documents in Sections 6 -7 on INB, or send all documents to the email address es-ve@gnb.ca,

If you are unable to upload in the INB or send all by email, mail this form along with all documents to:

New Brunswick Provincial Nominee Program
Immigration Services – Business Unit
PO Box 6000
Fredericton NB, CANADA
E3B 5H1

8. Signature

I, the undersigned, acknowledge that the information presented in this form and the attached supporting documentation are a true and accurate representation of my intended business activities and investment.

Principal Applicant's Signature

Date (mm/dd/yyyy)

Appendix A – Bank Information

Bank Information (Do not leave any fields blank.)				
Complete bank name			Telephone number	
Complete bank address				
Apt./Unit	Street no.	Street name	City/Town/Country	Postal code
Bank swift code / BIC / IBAN code		Transit # / Financial Institution #		Account #
Principal Applicant Information				
Principal applicant name			Telephone number	
Principal applicant address				
Apt./Unit	Street no.	Street name	City/Town/Country	Postal code
Principal applicant email address:				
Signature				
<p>I/We hereby authorize you to credit this account with any payments due from the Province of New Brunswick until appropriate authority is received to indicated otherwise.</p>				
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Principal Applicant's Signature			<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date (mm/dd/yyyy)	