

**Request for Nomination**  
**New Brunswick Business Immigration Stream**  
 New Brunswick Provincial Nominee Program (NBPNP)



Please upload this form and all documents in INB.

Principal Applicant (PA)		
Last Name	First Name, Middle Name	Date of Birth (mmm/dd/yyyy)
Nationality	Title (Mr., Mrs., Ms.)	INB#
Declaration of Principal Applicant		
<p>I, _____, do solemnly declare that the information I have given in the forgoing application is truthful, complete and correct, and I make this solemn declaration believing it to be true and knowing that it is of the same force and effect as if made under oath. I understand that any false statements or concealment of a material fact may result in my exclusion from the NBPNP. I will immediately inform the NBPNP if any of the information or the answers provide in my application forms change.</p>		
Signature:		Date (mmm/dd/yyyy):

Personal information on this form is collected under the authority of the *Immigration and Refugee Protection Act*, SC 2001 c.27. The purpose of the collection is to process your application for the New Brunswick Provincial Nominee Program (NBPNP). The information will be used for research, performance measurement and/or evaluation of the Program. If you have any questions about the collection and handling of personal information, you may contact the Director of Immigration Services, Post-Secondary Education, Training and Labour, P.O. Box 6000, Fredericton, New Brunswick, Canada, E3B 5H1.  
 Email: [bis-vie@gnb.ca](mailto:bis-vie@gnb.ca); Website: [www.welcomenb.ca](http://www.welcomenb.ca)

A. Your Current Residential Address in New Brunswick			
Apt / Unit #	Street # and Name	City / Town in <b>NB</b>	Post Code
Home Phone #		Mobile Phone #	Email Address

<b>B. Your Business Profile in New Brunswick</b>				
Business Name				
Business Address in NB:				
Unit No.	Street No.	Street Name	City / Town	Postal Code
Business Phone #:		Business Email:		Business Website Address:
Distance from Your Residence (kms):			Business Registration Date (Provincial) (mm/dd/yyyy):	
Business Fiscal Year From (mm/dd/yyyy):		To (mm/dd/yyyy)	Business Opening Date (mm/dd/yyyy):	

<b>C. Your Business Investment and Job Creation in New Brunswick</b>	
Eligible Investment Amount at the Opening (CAD): \$	Total Investment Amount at the Opening (CAD): \$
Total Eligible Investment Amount at the End of First 6 Months (CAD): \$	Total Investment Amount at the End of First 6 Months (CAD): \$
# of Employees at the Opening (excluding you and your family members):	# of Employees at the End of First 6 Months (excluding you and your family members):
Business Hours:	

**D. Required Documents / Evidence According to Business Performance Agreement**

GNB may request additional evidence and information.

		Please Check <input checked="" type="checkbox"/>	For Office Use
(1)	Passport (copy of all pages including blank pages)	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Proof of Residence in NB within 20 kms from your business	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Business Name Registration (Provincial - SNB)	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Business Name Registration (Federal - CRA)	<input type="checkbox"/>	<input type="checkbox"/>
(5)	GST/HST Registration	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Business License / Permit ...	<input type="checkbox"/>	<input type="checkbox"/>
(7)	Zoning Permit by the Municipal Government (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
(8)	Partnership / Shareholder Agreement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
(9)	Franchise Agreement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
(10)	First Sales Invoice (copy)	<input type="checkbox"/>	<input type="checkbox"/>
(11)	Business Bank Account Statements (for the end of each quarter)	<input type="checkbox"/>	<input type="checkbox"/>
(12)	Employment Contracts (for at least one full-time employees)	<input type="checkbox"/>	<input type="checkbox"/>
(13)	Payroll & Benefits Records (for at least one full-time employee)	<input type="checkbox"/>	<input type="checkbox"/>
(14)	Financial Statements (at the end of 6 months operation)	<input type="checkbox"/>	<input type="checkbox"/>
(15)	Records of taxes issued by CRA	<input type="checkbox"/>	<input type="checkbox"/>
(16)	Taxes Paid Records (copy)	<input type="checkbox"/>	<input type="checkbox"/>
(17)	GST/HST Remittance issued by CRA	<input type="checkbox"/>	<input type="checkbox"/>

**E. Complete the list of your eligible investment below and refer to your Business Plan and the Final Signed Business Performance Agreement.**

GNB may request additional evidence and information.  
 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)				
	<b>Total</b>			