| Principal Applicant |  |  |  |
| :---: | :---: | :---: | :---: |
| Last Name | First Name, Middle Name |  | Date of Birth (mmm/dd/yyyy) |
| Nationality | Gender (Mr., Mrs., Ms.) INB\# |  |  |
| Declaration of Principal Applicant |  |  |  |
| I, $\qquad$ do solemnly declare that I am fully aware of the contents of this business plan. I understand that upon being granted the work permit by Canada, I must make a genuine effort to establish the Business as per this plan in order to obtain a nomination fo permanent residency in Canada. I understand that I may be asked to provide additional information, and to defend any position or assumption included in this plan. I understand that any information provided by NBPNP or the Province, related to this plan is intended for informational and educational purposes only and does not constitute specific advice regarding the establishment or purchase of a business in New Brunswick or provide specific individual advice about matters relating to the Business including, but not limited to, human resources, investment, insurance, financial, legal, accounting, tax or similar matters. I understand all the above information, having had the opportunity to ask for or having asked for and obtained an explanation on every point which was not clear to me. |  |  |  |

Signature:

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; website: www.welcomenb.ca;

| Business Profile |  |  |
| :--- | :--- | :---: |
| Business Name |  |  |
| Business Address | (If you do not have a physical address, it is required to provide name of city/town.) |  |
| Industry Sector |  |  |
| Start-up or Purchase: | Sole ownership or Partnership: |  |
| Total Eligible Investment (CAD): <br> $\$$ | Total Investment (CAD): <br> $\$$ |  |

## Your Goals in 5 years

(Briefly outline where your business is heading.)

| Your Products and Services in Detail (Be specific.) |  |  |
| :---: | :---: | :--- |
|  | Name of Products / <br> Services | Functions / Purposes |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

Regulations, Permits, Licenses, ... Required by Federal, Provincial, Municipal Government and the industry
(Outline all that apply to your business.)

| Federal Government | 1 |  |
| :---: | :---: | :---: |
|  | 2 |  |
|  | 3 |  |
|  | 4 |  |
| Provincial Government | 1 |  |
|  | 2 |  |
|  | 3 |  |
|  | 4 |  |
| Municipal Government | 1 |  |
|  | 2 |  |
|  | 3 |  |
|  | 4 |  |
| The Industry (Codes of Practice) | 1 |  |
|  | 2 |  |
|  | 3 |  |
|  | 4 |  |

## Market Analysis

(Confirm there is a demand)

| Your Customers <br> (Identify primary customers, potential customers, ... why will they buy from you?) |  |  |  |  |  |  |
| :--- | :---: | :--- | :--- | :---: | :---: | :---: |
|  | Describe Your Customer Group |  |  |  |  |  |
| Primary <br> Customers |  |  |  |  |  |  |
| Potential <br> Customers |  |  |  |  |  |  |
| Other <br> Customers |  |  |  |  |  |  |

## Your Marketing Plan

| Your Suppliers |  |  |  |
| :---: | :--- | :--- | :--- |
|  | Name of Suppliers | Where They Are <br> Including name of <br> city and country | Reasons to Choose Them <br>  <br> Reasons They Choose You |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

## Your Distribution

(Describe your model, the average margin in this sector and how you will price your products and services. If your prices can be low, explain why.)

## Your Location

(Identify your needs in location, how and why you choose it, size of your business, interior and exterior setting of your business, ...)

## Competition

(Identify your main competitors, indirect competitors, their strengths, ... if no competition, explain why.)

| Name | Direct <br> or <br> Indirect |  |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Your Strategy

(Can you compete? How? Will you compete on price or quality? And your strategy, ...)

## Your Capacity and Credibility

(Identify how you produce your products, provide your services, your operation cycle, ...)

| SWOT Analysis |  |
| :--- | :--- |
| Strengths | Weaknesses |
|  |  |
|  |  |
|  |  |
| Opportunities |  |
|  |  |


| Human Resource Standards |  |  |  |
| :--- | :--- | :---: | :---: |
| Common Standards |  |  |  |
| Employment <br> Standards |  |  |  |
| Human Rights |  |  |  |
| Occupational Health <br> and Safety |  |  |  |
| WorkSafe NB |  |  |  |
| Others |  |  |  |
| Specific Standards in the Industry (special licenses, permits, ...) |  |  |  |
|  |  |  |  |
|  |  |  |  |


| Your Employees (do not include yourself) <br> (It is required by NBPNP to create one full-time job for non-family members.) |  |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Job Title | Qualification | National <br> Occupation <br> Code (O, A, B, <br> C, D) | \# of <br> Position | Annual <br> Wage/per <br> Position (CAD) | Total Annual <br> Wage (CAD) |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |



Breakdown of Current Assets (raw materials, components, parts, initial inventory)

| Assets | \# of <br> Units | Unit Cost (CAD) <br> (CAD) | Reference for the Cost |  |
| :--- | :---: | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| Total |  |  |  |  |

## Breakdown of Fixed Assets

| Assets | \# of <br> Units | Unit Cost (CAD) <br> (CAD) | Total Cost <br>  |  |
| :--- | :---: | :--- | :--- | :--- |
|  |  |  | Reference for the Cost |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total |  |  |  |  |

## Forecasted Income Statement

|  |  | Year 1 | Year 2 | Year 3 |
| :---: | :--- | :--- | :--- | :--- |
| 1 | Revenue / Sales |  |  |  |
| 2 | Cost of Goods Sold |  |  |  |
| 3 | Gross Income (1) - (2) |  |  |  |
|  | Expenses |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 4 | Total Expenses |  |  |  |
| 5 | Income Before Income Tax (3) - (4) |  |  |  |
| 6 | Income Tax (5) x tax rate |  |  |  |
| 7 | Net Income (5) - (6) |  |  |  |


| Calculation for Income Statement |  |
| :--- | :--- |
| Revenue / Sales |  |
| Cost of Goods Sold |  |
| Depreciation Methods |  |
| Wage or Salary and <br> Benefits |  |
|  |  |
|  |  |

## Break-Even Analysis

(Estimate of how many items or hours of service you will need to sell each month, to cover your costs and begin to make a profit)

| Items | Break-Even Sales Point <br> (\$) | Items | Monthly Expenses (\$) |
| :--- | :---: | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
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| Forecasted Balance Sheet |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Start-Up | Year 1 | Year 2 | Year 3 |
|  | Current Assets |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1 | Total Current Assets |  |  |  |  |
|  | Fixed Assets |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 2 | Total Fixed Assets |  |  |  |  |
| 3 | Total Assets (1) + (2) |  |  |  |  |
|  | Current Liabilities |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 4 | Total Current Liabilities |  |  |  |  |
|  | Long-Term Liabilities |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 5 | Total Long-Term Liabilities |  |  |  |  |
| 6 | Total Liabilities (4) + (5) |  |  |  |  |
|  | Owner's Equity |  |  |  |  |
|  | Paid-in Capital (>\$150,000 CAD) |  |  |  |  |
|  | Retained Earning |  |  |  |  |
| 7 | Total Owner's Equity |  |  |  |  |
| 8 | Total Liabilities and Owner's Equity $(6)+(7)$ |  |  |  |  |

