

Newfoundland and Labrador Provincial Nominee Program International Entrepreneur Category Application Form



Please refer to the appropriate **Newfoundland and Labrador Provincial Nominee Program Application Guide** for the category to which you are applying. **Please ensure that all documents requested in the Application Guide Document Checklist are included with your application.** The Office of Immigration and Multiculturalism (OIM) is unable to process incomplete applications.

Note: Both the principal applicant, and if applicable, associated partners seeking permanent residency through the proposed business must complete this form.

Please indicate here whether you are principal applicant or an associated partner.

Principal Applicant

Associated Partner

Section A – Personal History

Please give your family name and given names exactly as they appear on your passport or travel document.

Family name: _____

Given name: _____

Have you ever used any other name such as a maiden name, alias or nickname)? Yes No

If yes, please provide the names:

Other family name(s) _____

Other given name(s) _____

Sex: Male Female X (Unspecified)

Date of birth (dd/mm/year): _____

Country of birth: _____

Current Citizenship(s): _____

In which country do you currently live? _____

If currently in Canada, what is your status?

Worker Student Visitor

Expiry date of your work permit, study permit or visitor record: (dd/mm/year): _____

If your permit or visitor record has expired or is about to expire, when did you apply for a new one?

(dd/mm/year): _____ Not applicable

PASSPORT or TRAVEL DOCUMENT:

Please give information exactly as it appears on your travel document:

Do you have a valid passport or travel document? Yes No

Passport or travel document number: _____

Issuing country: _____ Expiry date (dd/mm/year): _____

CONTACT INFORMATION: *(Please do not give contact information for a consultant or lawyer who is representing you.)*

Email address: _____

(By giving an email address, you are agreeing to allow the Newfoundland and Labrador Office of Immigration and Multiculturalism to send information about you and your dependents to this email address.)

Telephone numbers:

(Please give the country code, area code if you have one, and telephone number where it is easiest to reach you.)

Mobile

Home

Work

Mailing Address

street address city, town or village

province, state or district *country* *postal code*

Home Address

Is your home address the same as your mailing address?

Yes No

If no, please provide:

street address city, town or village

province, state or district *country* *postal code*

RESIDENCES

Where do you plan to live in Newfoundland and Labrador?

In the past 10 years, have you lived for more than six (6) months in any country other than the one in which you are living now or the countries of which you are a citizen?

Yes No

Please list all places where you have lived in the past 10 years. Use additional pages, if necessary.

NOTE: Please do not leave any gaps in time. Even a gap of one (1) month will make your application take longer to process.

From mm/year To mm/year	City or Town	Province, State or District	Country

MARITAL STATUS

What is your current marital status?

- Single Married Common-law
 Legally separated Divorced Widowed Other

If you are married or in a common-law relationship, provide the date (dd/mm/year) on which you were married or entered into the common-law relationship: _____

DETAILS OF FAMILY MEMBERS

We require you to provide information about each member of your family if they are not already permanent residents or citizens of Canada. You must give this information even if your family members are not coming with you to Newfoundland and Labrador. Please provide all names exactly as they appear on passports or travel documents. Members of your family that must be included are:

- your spouse or common-law partner
- all of your dependent¹ children
- all of the dependent children of your spouse or common-law partner

	Spouse or Common-law Partner	Family Member	Family Member
Family name (as on passport or travel document):			
Given name (as on passport or travel document):			
Date of birth (dd/mm/year)			
Country of birth			
Country of citizenship			
Country of residence			
Sex			
What is this person's relationship to you?			
Will this person come with you to Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport/Travel Document			
document number			
Issuing country			
Expiry date (dd/mm/year)			
Native language or mother tongue			
Highest level of education			

¹ According to Immigration and Refugee Protection Regulations (IRPR), a dependent is a child who depends on their parent for financial and other support. A son or daughter is considered a dependent of their parent when the child is:

~ under 22 years old, and does not have a spouse or partner, or

~ 22 years old and over, and has depended largely on the parent's financial support since before the age of 22 due to a physical or mental condition

DETAILS OF FAMILY MEMBERS (Continued)

	Family Member	Family Member	Family Member
Family name (as on passport or travel document):			
Given name (as on passport or travel document):			
Date of birth (dd/mm/year)			
Country of birth			
Country of citizenship			
Country of residence			
Sex			
What is this person's relationship to you?			
Will this person come with you to Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport/Travel Document document number			
Issuing country			
Expiry date (dd/mm/year)			
Native language/Mother tongue			

Do you have five (5) or more years of work experience in the last 10 years at the National Occupational Classification (NOC) Level 2016 Skill Type 0, or Level A or Level B?

Yes No

If yes to the question above, please provide reference letters from all employers for the past 10 years where NOC 2016 Skill Type 0, or Level A or Level B work experience is being claimed.

Section C – Application History

Federal Application

Have you or a family member coming with you, ever applied to Immigration, Refugees and Citizenship Canada for admission as a permanent resident or refugee claimant?

Yes No

If yes, please complete the following:

Applicant's full name: _____
Family name, Given name

Citizenship and Immigration Canada file number: _____

Date of application (dd/mm/year): _____

Result (in-process, approved, refused, withdrawn): _____

Where in Canada had you planned to live? _____

Has the applicant or a family member accompanying the applicant ever been refused a work permit, visitor visa, or been refused entry to Canada? Yes No

If yes, please include a copy of the Refusal Letter with this application.

Provincial Application

Have you or a family member accompanying you previously applied for provincial nomination or permanent residence under any other provincial program?

Yes No

If yes, please complete the following:

Applicant's full name: _____
Family name, Given name

Province or territory of application: _____

File number: _____ Date of application (dd/mm/year): _____

Result (in-process, approved, refused, rescinded, withdrawn): _____

Section D – Language

Your language ability

Native Language or Mother Tongue: _____

Which do you use most often, English or French?

English French

Have you taken a Canadian English Language Proficiency Index Program (CELPIP) general test or International English Language Testing System (IELTS) general training test to assess your ability in English within the last two (2) years?

Yes No

If yes, please indicate which test?

Canadian English Language Proficiency Index Program (CELPIP) general test

International English Language Testing System (IELTS) general training test

Date of Test (dd/mm/yyyy): _____

	Listening	Speaking	Reading	Writing
Enter your scores				
Enter equivalent Canadian Language Benchmark scores ²				

Have you taken a test d'évaluation du français (TEF) to assess your ability in French within the last two (2) years?

Yes No

Date of Test (dd/mm/yyyy): _____

	Listening	Speaking	Reading	Writing
Enter your scores				
Enter equivalent Canadian Language Benchmark scores				

You must include, with your application to Newfoundland and Labrador Office of Immigration, the results of your official English language proficiency test (CELPIP – General or IELTS – General Training) OR your official French language proficiency test (TEF).

² For help converting your language test scores to a Canadian Language Benchmark equivalent, refer to the IRCC language test equivalency charts online at <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/standard-requirements/language-requirements/test-equivalency-charts.html>

Section E – Newfoundland and Labrador or Other Canadian Connections

Have you, your spouse or common-law partner, or any of your dependent children lived in or visited Canada in the last 10 years?

Yes No

If yes, please describe each time you, your spouse or common-law partner, or any of your dependent children lived in or visited Canada.

From: mm/year To: mm/year	Who lived in or visited Canada?	In which Province or Territory did they stay?	Reason: work, visit, or study

Do you have family members living in Canada? Family members include your mother, father, dependent children, brothers, sisters, aunts, uncles, cousins, grandparents, grandchildren, nieces, and nephews.

Yes No

Please include the following information for ALL family members living in Canada.

NOTE: You must provide proof of relationship, proof of relative's status and proof of relative's residency. (Adaptability points provided only for relatives 19 years or older on date of application who are Canadians or permanent residents living in Newfoundland and Labrador for at least one (1) continuous year.)

Applicant			
Name of relative (family name, given name)	Relationship (e.g., sister)	Residential Address	Occupation
Are they a Canadian citizen or permanent resident?	Telephone Number	Years in Canada	Company
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Does your spouse or common-law partner have family members living in Canada? Family members include their mother, father, dependent children, brothers, sisters, aunts, uncles, cousins, grandparents, grandchildren, nieces, and nephews.

Yes No

Please include the following information for ALL family members living in Canada.

NOTE: You must provide proof of relationship, proof of relative's status and proof of relative's residency. (Adaptability points provided only for relatives 19 years or older on date of application who are Canadians or permanent residents living in Newfoundland and Labrador for at least one (1) continuous year.)

Spouse or common-law partner		
Name of relative (family name, given name)	Relationship (e.g., sister)	Province or Territory
Are they a Canadian citizen or permanent resident?	Telephone Number	Years in Canada
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section F – Education

For all foreign educational credentials, please attach a copy of an Educational Credential Assessment (ECA) proving the equivalency to a Canadian credential. ECA must have been obtained within five (5) years from the date of EOI Submission.

Provide the number of years of school you successfully completed for each of the following levels of education:

Elementary/primary _____

Secondary/high school _____

University/college _____

Trade school or other post-secondary school _____

Give full details of all the secondary and post-secondary education (including university, college and apprenticeship training) you have had:

Duration (MM/YYYY)	Education Information	Location
From	Name of Institution	City
To	Course, degree, certificate or apprenticeship activity	Country

Section G – Entrepreneurial Ownership Experience

I have at least two (2) years' experience actively managing a business and I own or owned at least one-quarter (25 per cent) of that business.

Yes No

If no, please skip to section H.

If yes, please provide the following details:

Company name in its original language (if applicable): _____

English translation of the company name: (if different from above): _____

Business Sector: _____

Date Company was founded: _____
(dd/mm/year)

Start date of ownership: _____
(dd/mm/year)

Percentage of Ownership: _____

End date of Ownership (if applicable): _____
(dd/mm/year)

Applicant's Title: _____

Number of Employees: _____

Please provide a description of the applicant's management responsibilities (attach additional page(s) if necessary):

Please provide a description of Goods and/or Services provided by the company: (attach additional page(s) if necessary)

Company Address:

street address city, town or village

province, state or district country postal code

Company telephone number: _____

Company e-mail address: _____

Company fax number: _____

Company registration certificate or legal entity number (attach copy of registration): _____

Please provide a description of the management and business capabilities you can offer to your business in Newfoundland and Labrador.

Section H – Senior Business Management Experience

I have more than five (5) years' experience in a senior business manager role.

Yes

No

If yes, please provide the following details and attach a signed letter of work experience from previous employer(s)

Company Address:

street address

city, town or village

province, state or district

country

postal code

Company telephone number: _____

Company e-mail address: _____

Company fax number: _____

Company name in its original language (if applicable): _____

English translation of the company name: (if different from above): _____

Business Sector: _____

Date Company was founded: _____

(dd/mm/year)

Applicant's Title: _____

Number of Employees: _____

Please provide a description of your management responsibilities: (attach additional page(s) if necessary)

Please provide a description of goods and/or services provided by the company (attach additional page(s) if necessary):

Please provide a description of the management and business capabilities you can offer to your business in Newfoundland and Labrador

Section I – Settlement

In your own words, please tell us briefly about your plans to settle in Newfoundland and Labrador and your future here. Statements copied from someone or somewhere else are not acceptable.

Section J– General information

Assistance in completing the application

Did someone help you complete this form?

Yes No

If yes, who helped you? (Please name the person.)

Lawyer: _____ Employer: _____

Immigration consultant: _____ Other: _____

Did you, or will you, pay this person for their help in preparing this application?

Yes No

Note: Anyone you pay to help you with your application to immigrate into Canada must be a member of one of the following groups:

- the Immigration Consultants of Canada Regulatory Council (ICCRC)
- a Canadian provincial or territorial law society
- the Chambre des notaires du Québec

For more information on who may represent you, visit www.cic.gc.ca/english/information/representative/rep-who.asp

How did you learn about the Newfoundland and Labrador Provincial Nominee Program?

- | | |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Newfoundland and Labrador promotion material | <input type="checkbox"/> Immigration Agent |
| <input type="checkbox"/> Newfoundland and Labrador Office of Immigration and Multiculturalism Website | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Canadian Visa Office | <input type="checkbox"/> Employer |

Immigration job fair or event overseas (specify place and date): _____

Other (specify): _____

Section K – AUTHORIZATION TO COLLECT AND DISCLOSE INFORMATION AND APPLICANT DECLARATION

I, _____
Principal Applicant – Surname, First Name (Please print)

Date of Birth (dd/mm/yyyy)

And my Dependents:

Spouse/Common Law Partner – Surname, Given Name

Date of Birth (dd/mm/yyyy)

Dependent(s) – Surname, Given Name

Date of Birth (dd/mm/yyyy)

DO HEREBY AUTHORIZE the designated representatives of:

1. Office of Immigration and Multiculturalism, Government of Newfoundland and Labrador;
2. Immigration, Refugees and Citizenship Canada and Canada Border Services Agency;
3. and/or other person(s) or organizations referenced in my application;

to exchange all personal information contained in my application to the Newfoundland and Labrador Provincial Nominee Program, regarding myself or any dependent member of my family, and to use it in conjunction with any other agency or branch of either government in evaluating my application.

I also authorize this personal information to be shared as required with third parties either within or outside Newfoundland and Labrador for the purpose of assessing my application under the Provincial Nominee Program and promoting my integration into the provincial labour market. I understand that the Government of Newfoundland and Labrador and its agencies may contact such parties to verify information provided by me in this application.

I understand that I have the right to examine and request corrections or amendments to my personal records, whether held by a provincial or federal government office. Any information provided to Newfoundland and Labrador will be disclosed only in the manner provided in this Authorization to Disclose Personal Information or as required by the Laws of Canada and of Newfoundland and Labrador.

I DECLARE that:

1. I intend to live and reside in Newfoundland and Labrador on a permanent basis;
2. The information I have given in this application is truthful, complete and correct;
3. I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal;
4. I understand all the foregoing statements, having had the opportunity to ask for and obtain an explanation of every point that was not clear to me;
5. I understand that the information I have provided is protected under federal and provincial privacy legislations;
6. I have read and understand this declaration.

Dated this _____ day of _____, 20_____

Signature of Principal Applicant

Section L– Declaration

Declaration of Information:

Applicant and spouse or common-law partner and all accompanying dependent family members 19 years or older must initial beside each statement and authorization to acknowledge agreement and then sign at the bottom of the page. Failure to initial each line and sign at the bottom will result in your application being deemed incomplete and it will not be processed.

Initials

_____ I intend to live in the Province of Newfoundland and Labrador upon arrival in Canada.

_____ I understand that the Newfoundland and Labrador Office of Immigration and Multiculturalism (OIM) or Immigration, Refugees and Citizenship Canada may refuse my application, rescind my nomination or withdraw my Canadian permanent resident visa if I give false information or fail to give information as requested. Any misrepresentation or intentional omission of material information that is relevant to the application will result in me being ineligible to re-apply for nomination for a period of five (5) years.

_____ I understand that my application will NOT be processed if I fail to provide a complete application or fail to include required forms and credible supporting documentation.

_____ Program criteria are eligibility minimums. Meeting program criteria does NOT guarantee that my application will be approved.

_____ I will give OIM my address, phone numbers, and email address no later than 30 days after I have arrived in Canada. I will inform OIM every time I change my address, phone numbers, or email address for five (5) years after arriving in Canada. I agree to supply OIM officers with my business' contact information in order to monitor my business for period of up to five (5) years after the date of my business being established. The monitoring of my business will be to ensure program integrity, my continued eligibility for nomination, and to determine the economic significance of my business to Newfoundland and Labrador.

_____ The business I will establish or purchase in Newfoundland and Labrador, as per this application, complies with all applicable laws and regulations, including, but not limited to the following statutes, as amended from time to time (refer to official versions):

Labour Standards Act

<http://assembly.nl.ca/Legislation/sr/statutes/l02.htm>

Workplace Health, Safety and Compensation Act

<http://assembly.nl.ca/legislation/sr/statutes/w11.htm>

Human Rights Act

<https://www.assembly.nl.ca/Legislation/sr/statutes/h13-1.htm>

Food Premises Act and Regulations (Food Services Industry Only)

<http://www.assembly.nl.ca/Legislation/sr/statutes/f21-1.htm>

<http://www.assembly.nl.ca/Legislation/sr/regulations/rc961022.htm>

_____ I declare that the information I have given in this application is truthful, complete and correct.

I acknowledge that I have read, understand and agree to this declaration, and that my representative has provided me with a completed application form for review.

Signature of principal applicant

Date (dd/mm/year)

Signature of spouse or common-law partner

Date (dd/mm/year)

Signature of dependent family member 19 years or older

Date (dd/mm/year)

Accumulation of Funds Declaration:

Applicant's Financial Declaration:

I hereby declare that the information provided to the designated service provider pertaining to my accumulation and legality of funds is accurate as evidenced by the supporting documents provided to them in relation to my application to the NLPNP.

surname given names date of birth (dd/mm/year)

signature

date (dd/mm/year)

Spouse/Common-Law Partner's Financial Declaration

I hereby declare that, to the best of my knowledge, there is no legal impediment preventing the Applicant from accessing the funds required in order to meet the net worth threshold for the NLPNP International Entrepreneur Category. I declare that the information provided to the designated service provider pertaining to the accumulation and legality of funds is accurate as evidenced by the supporting documents provided to them in relation to the application to the NLPNP.

surname given names date of birth (dd/mm/year)

signature

date (dd/mm/year)

Please submit completed application to the address below:

Office of Immigration and Multiculturalism

Department of Advanced Education, Skills and Labour
Government of Newfoundland & Labrador
P.O. Box 8700, St. John's, NL A1B 4J6 CANADA

www.nlimmigration.ca

Tel: (709) 729-6607
Fax: (709) 729-7381
Email: pnnp@gov.nl.ca