

# Newfoundland and Labrador Provincial Nominee Program

## International Graduate 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 whether you are the principal applicant or an associated partner.

Principal Applicant

Associated Partner

#### Section A – Personal Information

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 you currently live 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 visa 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 Office of Immigration and Multiculturalism to send information about you and your dependents to this email address)

### **Telephone number(s)**

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

\_\_\_\_\_  
*Mobile Number*

\_\_\_\_\_  
*Home Number*

\_\_\_\_\_  
*Work Number*

### **Mailing Address**

\_\_\_\_\_  
street address

\_\_\_\_\_  
city, town or village

\_\_\_\_\_  
province, state or district

\_\_\_\_\_  
country

\_\_\_\_\_  
postal code

### **Residential Address**

Is your home address the same as your mailing address?

Yes     No     If no, please provide details.

\_\_\_\_\_  
street address

\_\_\_\_\_  
city, town or village

\_\_\_\_\_  
province, state or district

\_\_\_\_\_  
country

\_\_\_\_\_  
postal code



## 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 dependent<sup>1</sup> 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
<b>Passport/Travel Document</b> document number			
Issuing country			
Expiry date (dd/mm/year)			
Native language/Mother tongue			
Highest level of education			

<sup>1</sup> 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)**

	<b>Family Member</b>	<b>Family Member</b>	<b>Family Member</b>
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
<b>Passport/Travel Document</b>			
Document number			
Issuing country			
Expiry date (dd/mm/year)			
Native language/Mother tongue			



## 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, rescinded, 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 coming with you ever applied for provincial nomination or permanent residence under any other provincial or territorial 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, 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 <sup>2</sup>				

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				

**Proof of your language test must be attached (Results of your official English language proficiency test (CELPIP – General or IELTS – General Training) OR your official French language proficiency test (TEF))**

<sup>2</sup> 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>





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.)

<b>Applicant</b>		
<b>Name of relative (family name, given name)</b>	<b>Relationship (e.g., sister)</b>	<b>Province or Territory</b>
<b>Are they a Canadian citizen or permanent resident?</b>	<b>Telephone Number</b>	<b>Years in Canada</b>
<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		





What is your current position or title in your current business? (Example: owner, partner, manager, etc.)

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How many hours per week do you spend managing the business: \_\_\_\_\_  
*hours per week*

How many years have you owned the business? \_\_\_\_\_

What type of business do you own? (Example: manufacturing, exporting, processing)

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How many employees does the company currently have? \_\_\_\_\_

How many employees do you manage? \_\_\_\_\_

What are the total company assets? \_\_\_\_\_

What is your level of decision-making ability in the business? \_\_\_\_\_

- Industry/Sector:
- Aerospace
  - Agri-food/seafood
  - Biotechnology
  - Culture
  - Energy
  - Forestry
  - Information and communications technologies
  - Manufacturing
  - Mining/materials
  - Oceans technology
  - Retail/services
  - Tourism
  - Other (please specify): \_\_\_\_\_

**Identify the Type of ownership:**

- Sole Proprietorship
- Partnership
- Corporation

Please provide the ownership breakdown.

Name of Owner	Percentage of Ownership (%)

Please describe any capital asset purchases (eg: machinery and equipment).

Please provide a detailed description of the products/services your company offers its customers.

Please describe your inventory by type (eg: finalized products, raw materials, etc).

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Please provide a list of your business' major suppliers.

Name of Supplier	Supplier Contact Person	Phone Number for Contact at Supplier

Please provide a list of your business' major customers (eg: wholesale or corporate, repeat customers).

Name of Customer	Customer Phone Number



Please provide an itemized list of your expenditures to date, including a short description of the expenditure.

Expenditure Item	Actual Investment (\$CAD)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Please provide a description of any leasehold improvements or renovations to date.

Improvement/Renovation	Investment Amount (\$)

**Human Resource Information**

Please provide the following information for each of your employees (attach additional tables/pages(s) if

Family Name	
Given Name	
Job Title	
Employee Duties	
Date Began (dd/mm/year)	
Hourly Wage	
Hours Worked Per Week	
Immigration Status	

## Section H – 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.

### Out of Province Travel

Please provide details of all out-of-province travel conducted since submitting your Expression of Interest (EOI) to OIM.

<b>Destination City</b>	<b>Destination Province/Country</b>	<b>Date Arrived in Destination (dd/mm/year)</b>	<b>Date Departed Destination (dd/mm/year)</b>	<b>Purpose</b>

## Section I - 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](http://www.cic.gc.ca/english/information/representative/rep-who.asp)

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

Newfoundland and Labrador promotion material       Immigration Agent

Newfoundland and Labrador Office of Immigration and Multiculturalism Website       Friend

Canadian Visa Office       Employer

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

Other (specify): \_\_\_\_\_



**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\_\_\_\_\_

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Signature of Principal Applicant

## Section K – 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 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 provincial 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)

**Please submit completed application to the address below:**

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

[www.nlimmigration.ca](http://www.nlimmigration.ca)

Tel: (709) 729-6607  
Fax: (709) 729-7381  
Email: [pnp@gov.nl.ca](mailto:pnp@gov.nl.ca)