

## Newfoundland & Labrador Provincial Nominee Program Provincial Application

The personal information provided on this form and on any supporting material is collected, used, retained, and disclosed in accordance with the Newfoundland and Labrador Access to Information and Protection of Privacy Act, 2015 (ATIPPA) and other provincial legislation. If you have any questions about the collection, use, retention, and disclosure of this information, please contact the Newfoundland and Labrador Provincial Office of Immigration and Multiculturalism by telephone: (709) 729-6607, fax: (709) 729-7381, or email: pnp@gov.nl.ca.

A. Application Category						
☐ NLPNP Skilled Worker category						
□ NLPNP International Graduate category						
☐ Express Entry Skilled Worker category — Ex	press Entry Profile #:					
Express Entry Job Seeker Validation Code:						
B. Principal Applicant details						
Family Name (Surname/Last Name)		Given Name(s) (First Name, Middle Name)				
Date of Birth (YYYY/MM/DD)	Passport #	Passport Expiry	Gender			
Country of Birth		Citizenship	Citizenship			
Education Level	_	_				
□Secondary or less □Bachelor □Master □Do	octorate	oma □Trade/Apprenticeshi	0			
C. Spouse/Common-Law Partner details (if ap	plicable)					
Family Name (Surname/Last Name)		Given Name(s) (First Name, Middle Name)				
Date of Birth (YYYY/MM/DD)	Passport #	Passport Expiry	Gender			
D. Dependants/Children details (if applicable –	use additional pages if nece					
Family Name (Surname/Last Name)		Given Name(s) (First Name, Middle Name)				
B. (B) II assayana (B)						
Date of Birth (YYYY/MM/DD)	Passport #	Passport Expiry	Gender			
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Family Name (Surname/Last Name)		Given Name(s) (First Name, Middle Name)				
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Date of Birth (TTT/WW/DD)	rassport #	rassport Expiry	Genuel			
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Date of Birth (YYYY/MM/DD)	Passport #	Passport Expiry	Gender			
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Passport #  Family Name (Surname/Last Name)  Passport #  Family Name (Surname/Last Name)  Date of Birth (YYYY/MM/DD)  Passport #  Family Name (Surname/Last Name)  Date of Birth (YYYY/MM/DD)  Passport #		Passport Expiry  Given Name(s) (First Name, Middle Name)  Given Name(s) (First Name, Middle Name)  Passport Expiry  Gender  Given Name(s) (First Name, Middle Name)  Passport Expiry  Gender  Gender				

E. Contact Information						
Street/P.O. Box		City/Town				
Province/Region		Country	Postal Code			
Phone - Primary	Phone - Secondary	Email address				
F Criminal Records Permit /\	/isa Applications, Provincial Nor	minee Applications				
	members have a criminal recor					
☐ Yes ☐ No	If "Yes", please attach details to					
2. Have you, or any of your fan	nily members, ever previously ap	plied for a Permanent Resident v	risa?			
☐ Yes ☐ No	If "Yes", please attach details to	this application				
3. Have you, or any of your fan	nily members, ever previously ap	plied for a Temporary Resident v	isa?			
☐ Yes ☐ No	If "Yes", please attach details to	this application				
4. Have you, or any of your fan	nily members, ever previously ap	plied to another Provincial Nomi	nee program?			
☐ Yes ☐ No	If "Yes", please attach details to	this application				
G. Relatives in Canada						
1. Does the principal applicant	t or spouse have relatives living i	n Newfoundland and Labrador?	☐ Yes ☐ No			
2. Does the principal applicant	t or spouse have relatives living i	n other provinces or territories of	Canada? ☐ Yes ☐ No			
If "Yes", please provide evidence of your relationship to them by submitting birth or marriage certificates (which show names of common parents) and/or photocopies of Canadian passports, citizenship certificates, or immigration visas (IMM1000, for example) and provide their contact information below.						
Name of Relative		Relationship	Length of Time in Canada			
Street/P.O. Box		City/Town				
Province/Region		Postal Code	Telephone Number			
H. Immigration Representative						
1. Are you using an immigration representative, volunteer, or other to complete this application?						
If "Yes", please indicate which of the following options applies, and include their contact information below:						
☐ Member of Immigration Consultants of Canada Regulatory Council ☐ Member of a Canadian law society						
<ul> <li>☐ Member of the Chambre des Notaries du Quebec</li> <li>☐ Other – please specify:</li></ul>						
Family Name (Surname/Last Nar	ne)	Given Name(s) (First Name, Middle Name)				
Company Name /Organization		Phone Number	Email			
Company Name/Organization		FIIOTIE INUITIDET	Lillall			

## AUTHORIZATION TO COLLECT AND DISCLOSE INFORMATION AND APPLICANT DECLARATION

Principal Applicant – Surname, First Name (Please pr	int) Date of Birth (dd/mm/yyyy)
d my Dependants:	
Spouse/Common Law Partner – Surname, Given Name	Date of Birth (dd/mm/yyy)
Dependant(s) – Surname, Given Name	Date of Birth (dd/mm/yyy)

## **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:

- 4. I intend to live and reside in Newfoundland and Labrador on a permanent basis;
- 5. The information I have given in this application is truthful, complete and correct;
- 6. 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;
- 7. 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;
- 8. I understand that the information I have provided is protected under federal and provincial privacy legislations;
- 9. I have read and understand this declaration.

Dated this day of	, 20		
Signature of Principal Applicant			