

DEPARTMENT OF FINANCE

INVESTOR STATEMENT

Small Business Investor Tax Credit Registration Number Investor Identification (to be completed by the Corporation) Investor Name:				
Date of Birth				
Mailing Address:				
Telephone: ()	Facsimile:	()	E-Mail Address:	
Language Preference: English	□ Fre	ench 🗆		
Eligible common shares fully pai	d for by investor	(to be complet	ed by the corporation)	
Number of eligible shares purchase	ed:	Date	purchased:	
Total amount paid for eligible share	es:	Date	fully paid:	
I understand that in respect of the a	above mentioned s	hares.		
 I am required to hold the investi 				
the benefit of a tax credit I was interest. In addition, the corport	not entitled to, I sha ation is required to	all repay the a withhold, from	el or dispose of a share or have received mount of the tax credit received, including the amount otherwise payable to me, the the Minister of Finance within 30 days.	
I have not received financial as acquisition of these shares.	sistance from any ç	government, m	unicipality or public authority in the	
No tax credits have been previo	ously allowed under	r the <i>New Brur</i>	nswick Income Tax Act for these shares.	
 I have not disposed of any shar share issuance. 	es of the applicant	corporation af	ter Dec. 10, 2002, and before the specified	
 During the four-year holding period for the specified share issuances, I will provide the eligible corporation and the Department of Finance and Department of Justice and Attorney General any information to ensure 				

- compliance with the Small Business Investor Tax Credit Program and the Security Frauds Prevention Act.
 I have read the investment plan and understand what the capital will be used for, and I acknowledge that I am investing entirely at my own risk.
- I understand that the maximum annual tax credit limit per investor is \$15,000.

Disclaimer

The Province of New Brunswick does not guarantee the value of any shares issued by a corporation registered under the Small Business Investor Tax Credit Act and does not express any opinions as to the financial condition of such corporations or the merits of investing in the shares of such corporations.

This form is intended to provide information respecting application under the Province of New Brunswick Small Business Investor Tax Credit Act and should not be regarded as a replacement of the laws, regulations or administrative documents to which it refers. Where there is a conflict between this form and the legislation, the legislation shall prevail.

Certification

I have read and understand Schedule I of the Corporation Application for Registration and the above including the disclaimer.

I certify that the information contained in this **Investor Statement** is true and correct to the best of my knowledge and belief.

Individual Investor Name (please print)

Signature

Date

http://www.gnb.ca Keyword: Finance Phone: (506) 453-2404 Fax: (506) 444-5086

E-mail: wwwfin@gnb.ca Ce formulaire est aussi disponible en français.