New Brunswick Nouveau Brunswick

NEW BRUNSWICK PROVINCIAL NOMINEE PROGRAM

BUSINESS PLAN APPLICANT SUMMARY FORM

It is essential that you submit complete information so that we can better assess your financial background and standing, your personal history and your experience. This information will be used to gauge your ability to meet the requirements of the New Brunswick Provincial Nominee Program as it pertains to Business Plan Applicants.

EXPERIENCE IN BUSINESS MANAGEMENT

In this section tell us, in your own words, about your past and present business management experience. Please include details as to how you started out, the type or nature of businesses in which you have been involved, giving specific details of your responsibilities and duties within the company(ies). Specify your percentage of ownership, if any. Should you require more space than is provided to detail your business experience, you may attach an additional page.

BUSINESS OWNERSHIP / PERFORMANCE SUMMARY
(PLEASE COMPLETE ONE FORM PER BUSINESS)

1 | Name of business (complete in full)

2 | Type of ownership: If Sole Proprietorship, date you became registered owner of the business

3 If Partnership, identify partner and percentage (%) of ownership.

Name of partner(s)	Percentage (%) of ownership

*If more than 6 partners, please use a separate sheet of paper.

4 If Limited Company, identify directors and their percentage (%) of shareholding.

Name of partner(s)	Percentage (%) of shareholding

*If more than 6 directors, please use a separate sheet of paper.

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YEAR	TURNOVER CDN$	NET PROFIT CDN$	LOSS CARRIED OVER	TAXABLE PROFITS CDN$	NUMBER OF FULL-TIME EMPLOYEES	NUMBER OF PART-TIME EMPLOYEES
Most recent operating year (e.g. 2000/2001) /						
Previous year 1, (e.g. 1999/2000) /						
Previous year 2, (e.g. 1998/1999) /						
Previous year 3, (e.g. 1997/1998) /						

YOUR BUSINESS PLAN

1 Have you decided upon a specific business venture?   Yes ☐   No ☐

If yes, please provide details in the space below of the proposed location, type of business, number of employees, amount of capital to be invested, activities of the company, your position and responsibilities. Use a separate page if necessary.

If no, please tell us in your own words in the space below, of your plans. Please identify the sector in which you plan to be involved, if known, the amount of capital you have available for investment and outline the nature of the business you plan to establish. Use a separate page if necessary.

2 BUSINESS ACTIVITY

a) If your business activity in Canada will not be a Sole Proprietorship, please indicate your percentage (%) of ownership and the share of ownership of the remaining partners. Identify those partners who are not Canadian citizens or permanent residents. Use a separate page if necessary.

Name of partner(s)	Date of birth Day Month Year	Percentage (%) of ownership

b) What steps have you undertaken to research the Canadian business environment to ensure your success? Use a separate page if necessary.

c) Have you ever been involved in a business failure, or associated with a company that went into Liquidation, receivership or bankruptcy?   Yes ☐   No ☐

If yes, give details. Use a separate page if necessary.

d) Please detail any formal business training or education you have had. Use a separate page if necessary.

PERSONAL NET WORTH STATEMENT

A complete and current statement of your total personal net worth is required. All assets and liabilities must be identified. However, do not include personal items such as jewellery, furniture, etc., as the ownership of such items is difficult to verify.

All assets listed must be your own personal holdings and must be documented. The sources of any funds or assets in your possession for less than one year must be identified.

You may be asked to present audited financial documents to support the information provided in this statement.

ASSETS
1.BANK DEPOSITS

Current and Savings Accounts (Specify currency)			Fixed deposits (Specify currency)		
Date opened Day Mth Year	Account number	Current balance	Date of initial deposit Day Mth Year	Maturity date Day Mth year	Current balance
TOTAL CDN$			**TOTAL CDN$**		

2.PROPERTY (Use a separate page if necessary)

Complete address	Year purchased	Mortgaged		Purchase price	Estimated current market value (Specify currency)
		Yes	No		
		TOTAL CDN$			

3. PUBLICLY TRADED STOCKS AND OTHER PASSIVE INVESTMENTS (Use a separate page if necessary)

Description	Quantity	Estimated current market value (Specify currency)
TOTAL CDN$		

4. BUSINESS (Use a separate page if necessary)

Name	% owned	Current book value (net assets)	Estimated current market value (Specify currency)
TOTAL CDN$			

5. PENSION, PROVIDENT FUND AND OTHER ASSETS (Use a separate page if necessary)

Description	Amount (Specify currency)
TOTAL CDN$	

LIABILITIES

1. MORTGAGES (Use a separate page if necessary)

Complete Address	Current balance	Estimated current market value (Specify currency)
TOTAL CDN$		

2. PERSONAL DEBTS (such as shareholder/director's loan, child support, alimony) (Use a separate page if necessary)

Nature of Obligation	Amount (Specify currency)
TOTAL CDN$	

3. NET WORTH

Total assets (1, 2, 3, 4, & 5) CDN$ _____

Less LESS _____

Total liabilities (1 & 2) CDN$ _____

= **NET WORTH** CDN$

Which is distributed as follows:

a)	Funds in my possession on my arrival in Canada	
b)	Funds to transfer to Canada at a later date	
c)	Funds already in Canada	
	d) SUB-TOTAL	
e)	Funds remaining abroad	
	TOTAL CDN$	

Exchange rate used: CDN$ 1 = _____

DECLARATION OF APPLICANT

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

- 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.

- I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.

Signature:	Date: