

Request For Refund of \$100,000
Entrepreneurial Stream (NBPNP)



1. Applicant Information	
Family Name(s) exactly as shown on your passport or travel document	Date of Birth (mm-dd-yyyy)
First Name(s) exactly as shown on your passport or travel document	NBPNP #
Middle Name(s) exactly as shown on your passport or travel document	INB #

2. Your Contact Information				
E-mail Address		Telephone Number (home)	Telephone Number (cell)	
Current Home Address in NB				
Apt./Unit	Street No.	Street Name	City or Town	Postal Code

3. Your Immigration Representative Information (if applicable)			
Name (last, first)		Organization	ICCRC No.
Email Address		Telephone Number	Website
Company Address			
Apt./Unit	Street No.	Street Name	City or Town / Province / Country
			Postal Code

4. Business Performance Agreement Timelines (mm-dd-yyyy)		
Your official landing date in Canada:		Your arrival date in NB:
30 days after landing date:	Your report date:	Did you meet deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No
60 days after landing date:	Your 1st meeting date:	Did you meet deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No
180 days after landing date:	Your 2nd meeting date:	Did you meet deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No
730 days (2 years) after landing date:	Your Business Opening date:	Did you meet deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Business Profile

Business Name:		Industry Sector:		
Business Address in NB:				
Unit No.	Street No.	Street Name	City or Town	Postal Code
Business Phone #:		Business Email:		Business Website Address:
Business Registration Date (Provincial): (mm/dd/yyyy)			Business Opening Date: (mm/dd/yyyy)	
CRA Business Registration Date (Federal): (mm/dd/yyyy)			GST/HST #:	
Business Fiscal Year		First Customer Sale Transaction Date: (mm/dd/yyyy)		
From (mm/dd/yyyy):		To (mm/dd/yyyy)		

6. Required Documents / Evidence According to Business Performance Agreement

Attach all documents in the numerical order and submit them with this form.

The Department may request additional evidence and information. Your documents will not be returned.

		Please Check <input checked="" type="checkbox"/>	For Office Use
(1)	Permanent Residence Card (copy)		
(2)	Passport (copy of all pages including blank pages)		
(3)	Proof of Residence in NB		
(4)	Business Name Registration (Provincial - SNB)		
(5)	Business Name Registration (Federal - CRA)		
(6)	GST/HST Registration		
(7)	Business License		
(8)	Zoning Permit by the Municipal Government (if applicable)		
(9)	Partnership / Shareholder Agreement (if applicable)		
(10)	Franchise Agreement (if applicable)		
(11)	First Customer Sales Record (copy)		
(12)	Business Bank Account Statements (for the end of each quarter)		
(13)	Employment Contracts (for at least two full-time employees)		
(14)	Payroll & Benefits Records (for at least two full-time employees)		
(15)	Audited Financial Statements (at the end of one full year operation)		
(16)	Business Income Tax – Notice of Assessment by CRA		
(17)	Business Income Tax Paid Records (copy)		
(18)	GST/HST Annual Remittance – Notice of Assessment by CRA		
(19)	A Void Cheque of your business bank account		

7. List Your Evidence for Eligible Investment

Attach all documents in the numerical order and submit them with this form.

The Department may request additional evidence and information. Your documents will not be returned.

You can add more pages if needed.

#	Eligible Investment	Amount Including HST (CAD)	Amount Excluding HST (CAD)	For Officer Verification
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				
(25)				
(26)				
(27)				
	Total (≥ \$250,000 CAD)			

8. Bank Information – do not leave any fields blank				
Complete bank name			Telephone number	
Complete bank address				
Apt./Unit	Street no.	Street name	City/Town/Country	Postal code
Bank swift code / BIC / IBAN code		Transit # / Financial Institution #		Account #
BENEFICIARY INFORMATION				
Beneficiary name			Telephone number	
Beneficiary address				
Apt./Unit	Street no.	Street name	City/Town/Country	Postal code

Mail your documents to:

Opportunities New Brunswick/ Population Growth Team
 C/O Business Unit
 Place 2000
 250 King Street, Fredericton NB
 E3B 9M9

9. Signature	
I, the undersigned, acknowledge that the information presented in this form and the attached supporting documentation are a true and accurate representation of my intended business activities and investment.	
Principal Applicant's Signature	Date (mm/dd/yyyy)