



**BUSINESS SKILLS, PROJECTS AND REGIONAL BUSINESS
INFORMATION RELEASE FORM
Provincial Nominee Program (PNP)**

This form is used to collect data for assessment of individual Business Skills, Projects and Regional Business applications under the Provincial Nominee Program. The information will also be used for evaluating the Provincial Nominee Program. The information is collected under the Freedom of Information & protection of Privacy Act, s. 26c. For questions regarding this form or the use of the information collected, please contact the Provincial Nominee Program at 604 775-2227

(PLEASE PRINT CLEARLY OR TYPE)

PNP File No. (For office use only):

B

Applicant's Family Name: <input type="text"/>	Given Names: <input type="text"/>		Date of Birth: (DD/MM/YY) <input type="text"/>
Spouse Family Name: <input type="text"/>	Given Name: <input type="text"/>		Date of Birth: (DD/MM/YY) <input type="text"/>
Current Residential Address: (Unit, Street) <input type="text"/>	Name of Town/City: <input type="text"/>	Name of Country: <input type="text"/>	Postal Code: <input type="text"/>
Mailing Address: if different (Unit, Street) <input type="text"/>	Name of Town/City: <input type="text"/>	Name of Country: <input type="text"/>	Postal Code <input type="text"/>

I hereby authorize the designate representatives of the:

Province of British Columbia

and/or

Citizenship and Immigration Canada

To exchange all personal information contained in my application for the BC Provincial Nominee Program AND/OR my Immigrant Application form (IMM 0008) regarding myself or any dependent member of my family for the purpose of assessing my application for the BC Provincial Nominee Program, verifying information provided by me in this application, and evaluating the BC Provincial Nominee Program.

I authorize the exchange of this information between Federal and Provincial Government offices for the purpose of assessing my application for the BC Provincial Nominee Program and understand that the province of British Columbia may contact such parties to verify information provided by me in this application.

I understand that I have a right to examine and request corrections or amendments to my personal records held by the Provincial Nominee Program.

Any information provided to the province of British Columbia will only be disclosed in accordance with the Freedom of Information and Protection of Privacy Act.

Signature of Applicant:	Signature of Witness:
Signature of Spouse:	Signature of Witness:
Signed at: (city/town and country)	Date document Signed: (DD/MM/YY):