



**REGIONAL BUSINESS
SUPPLEMENTARY INFORMATION FORM**
Provincial Nominee Program (PNP)

This form requests information to help us better assess your application.
Please supply as much documentation as necessary.

(PLEASE PRINT CLEARLY OR TYPE)

PNP File No. (For office use only):

BR -

A. Applicant Information:

Family Name: <input style="width: 95%;" type="text"/>	Given Name: <input style="width: 95%;" type="text"/>	Date of Birth: (DD/MM/YY): <input style="width: 95%;" type="text"/>
--	---	--

B. Destination in British Columbia:

Please indicate city/town/region of British Columbia where you wish to settle:

C. Professional Experience in Management or Ownership:

Name of Business: <input style="width: 95%;" type="text"/>	Type of Business: <input style="width: 95%;" type="text"/>	Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Date Established: <input style="width: 80%;" type="text"/>	Share Capital Issued CDN\$ <input style="width: 80%;" type="text"/>		
Address: (Unit, street) <input style="width: 95%;" type="text"/>	Town/City: <input style="width: 95%;" type="text"/>	Country: <input style="width: 95%;" type="text"/>	Postal Code: <input style="width: 95%;" type="text"/>
Phone Number: <input style="width: 95%;" type="text"/>	Fax Number: <input style="width: 95%;" type="text"/>	Website: <input style="width: 95%;" type="text"/>	Email Address: <input style="width: 95%;" type="text"/>
Space Occupied: (Square Meters) <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Number of Employees: <input style="width: 95%;" type="text"/>	% owned by applicant: <input style="width: 95%;" type="text"/>
Applicant's Position in the company: <input style="width: 95%;" type="text"/>			
Name of Partners with more than 10% ownership:		Percentage of Ownership:	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

D. Business Performance

Complete this table for the last 3 years beginning with the current year first.

Year	Revenue	Net Profit	Number of Employees	Assets	Liabilities
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. Personal Net Worth

Note: The application requires an independent assessment of net worth/net assets. Please refer to the "Source of Funds" guideline to make sure you have supplied enough information to satisfy the legitimacy of the claimed net worth. Please, specify the currency of the listed items and use separate page if necessary.

ASSETS:

1. Bank Deposits

Current and Savings Accounts				
Date Opened		Bank/Account Number	Current Balance	
Day Year	Month			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL CDN\$			<input type="text"/>	<input type="text"/>

Fixed Deposits						
Date Opened			Date Maturity			Current Balance
Day Year	Month		Day Year	Month		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL CDN\$						<input type="text"/>

2. Property

Complete Address	Year Purchased	Mortgage		Purchased Price	Estimated Current Market Value
		Yes	No		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
TOTAL CDN\$					<input type="text"/>

3. Business (es)

Complete Name	% Ownership	Current book value	Estimated Current Market Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL CDN\$			<input type="text"/>

4. Pension, Funds, Stocks and Other Assets

Description	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
TOTAL CDN\$	

LIABILITIES:

5. Mortgages

Complete Address	Current Balance	Estimated Current Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL CDN\$		<input type="text"/>

6. Personal Debts

Nature of Obligation	Amount
TOTAL CDN\$	

NET WORTH: Assets - Liabilities

Total Assets	\$	
Total Liabilities	\$	
Total Net Worth (Total Assets - Total Liabilities)	CDN \$	