

NEW BRUNSWICK PROVINCIAL NOMINEE PROGRAM

BUSINESS PLAN APPLICANT SUMMARY FORM
(Business Applicants only)

(PLEASE PRINT CLEARLY OR TYPE)

Complete and submit one form per application.

Attach separate page(s) if you need more space for any of the questions on this form.

Write NBPNP003 at the top, initial and date each additional page.

Principal Applicant	Family Name:	Given Name(s):	Date of Birth: dd/mm/yyyy
Current Business Address	City/Town:	Country:	

1. Experience in Business Management

(a) Provide details on your past and present business management experience.

- Name of company
- Type of business
- Title
- Period of employment
- Responsibilities and duties
- Percentage of ownership (if applicable)
- Website address (if applicable)

You may attach a separate page or submit a personal résumé.

(b) Detail your formal business training or education, specify the type of certificate/degree (e.g. Trade or Professional Master's Degree such as Master Carpenter, etc; Master's Degree in Economics, etc);

For informal training, specify all entrepreneurial related activities including position held in the company and type of business activities (e.g. assisted my father as regional sales manager in the operations of a small manufacturing company producing electric spare parts, etc).

(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 on a separate page.

2. Current Business Ownership / Performance Summary

(Please complete one form per business)

(a) Name of business (complete in full)	(b) Your title in the business:
(c) Type of business:	(d) Type of ownership: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
(e) Identify partners and percentage (%) of ownership (including spouse or common-law partner)	
Name of partner(s) with more than 10% ownership	Percentage (%) of ownership

Use a separate page if necessary.

(f) Give details of the business owned or managed in three (3) of the past five (5) years preceding the date of application. Attach financial statements to support the information. If you are not the owner, give details of the section under your management responsibility.

	CAD \$			
	Income		Assets	
Operating Year	Annual Sales	Annual Expenses	Value of Patent(s) (if any)	Total Business Assets (current market value)
Most Recent []]				
Previous Year 1 []]				
Previous Year 2 []]				
	Liabilities			Workforce
	Loan(s)	Owners Liabilities	Amount Owing on Line of Credit(s)	Number of Full-Time Employees

Conversion rate used: CAD\$ 1 = _____

Applicant's initials: _____ / Date: _____

