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New Nouveau Brunswick

NBPNP 006

FOR OFFICIAL USE
File # :

NEW BRUNSWICK PROVINCIAL NOMINEE PROGRAM

DECLARATION OF COMMITMENT TO NEW BRUNSWICK

(PLEASE PRINT CLEARLY OR TYPE)
Complete and submit one form per application.

I, _____ _____ _____
Principal Applicant's Family Name, Given Name(s) | Passport No. or ID No. | Date of Birth (dd/mm/yyyy)

declare the following:

I have completed and duly signed an **application to the New Brunswick Provincial Nominee Program.**

I declare that if my application is approved by the Government of New Brunswick under the terms of the **New Brunswick Provincial Nominee Program**, I make a commitment to reside in New Brunswick with my dependent family members and to work or operate a business in New Brunswick and assume an active role in that business.

I understand that if my application is approved, a **New Brunswick Provincial Nominee Certificate** will be issued in my name, applicable as well to the family members accompanying me.

I am aware of the fact that, following this New Brunswick nomination, any visa which may be issued to me and my dependents by the Canadian Visa Office in _____, on the basis of my nominee status, will identify New Brunswick as my/our province of destination and settlement.

I will contact a **New Brunswick Provincial Nominee Program** officer within 30 days of my arrival in Canada to provide my address and telephone number and will inform the said office of any subsequent change of address or telephone number.

I authorize the departments and agencies of the Province of New Brunswick to provide my personal contact information to the Population Growth Secretariat for Program evaluation purposes over the three years after I receive my permanent resident status through the **New Brunswick Provincial Nominee Program**.

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

Signed in _____ this _____ _____
City | Date | Signature of applicant

Affirmed before me
Sworn to before me in _____ this _____
City | Date

_____ nº _____
Commissioner of oaths or Notary Public

The information you provide on this form is collected for the purpose of assessing your application under the New Brunswick Provincial Nominee Program. It will not be disclosed except as authorized in this form or as required or authorized by law.

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