



APPLICATION FOR PERMANENT RESIDENCE IN CANADA

Space reserved for applicant's photo

FOR OFFICE USE ONLY
Office file number (or IMM 1343 Case Label)

Date of receipt stamp at post

Category under which you are applying (see instructions)

Family class Refugees outside Canada

Economic class Other

How many family members (including yourself) are included in this application for permanent residence in Canada?

Language you prefer for:

Correspondence: English French

Interview: English French Other

1. Your full name (as shown in your passport or travel document)

Family name

Given name(s)

2. Your sex Male Female

3. Your date of birth

Day	Month	Year

4. Your place of birth Town/City

Country

5. Your country of citizenship

6. Your native language

7. Your height cm OR ft in

8. Colour of your eyes

9. Your current marital status

Never married Married Widowed Legally separated

Annulled marriage Divorced Common-law

If you are married or in a common-law relationship, provide the date on which you were married or entered into the common-law relationship

Day	Month	Year

10. Have you previously been married or in a common-law relationship?

No Yes ► Give the following details for each previous spouse or partner. If you do not have enough space, provide details on a separate sheet of paper.

Name of previous spouse or partner

Date of birth

Day	Month	Year

Type of relationship Marriage Common-law union

From to

11. Your knowledge of English and French

Can you communicate in English? Yes No

Can you communicate in French? Yes No

12. Education

How many years of formal education do you have?

What is your highest level of completed education?

No secondary Bachelor's degree

Secondary Master's degree

Trade/Apprenticeship Ph D

Non-university certificate/diploma

13. Your current occupation

14. Your mailing address (include city and country)

15. Your residential address, if different from your mailing address

16. Your telephone numbers

	Country code	Area code	Number
At home	()	()	
Alternative (Fax)	()	()	

17. Your e-mail address, if applicable

18. Details from your passport

Passport number

Country of issue

Date of expiry

Day	Month	Year

19. Your identity card number, if applicable

20. Where do you intend to live in Canada?

City/Town

Province



DETAILS OF FAMILY MEMBERS

You must provide the following details about each of your family members, whether they will be accompanying you to Canada or not. **You must include your spouse or common-law partner, if applicable, and all of your dependent children, and those of your spouse or common-law partner, who are not already permanent residents or citizens of Canada.**

If you have more than three family members, photocopy this page before you start completing it or print it from our Web site at www.cic.gc.ca. Make sure you have enough copies to fill in details about all your family members.

	SPOUSE	FAMILY MEMBER	FAMILY MEMBER
Family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current country of residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other countries with resident status	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status (use one of the categories in question 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Will accompany you to Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport details			
Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of expiry	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Identity card number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native language	<input type="text"/>	<input type="text"/>	<input type="text"/>
Knowledge of English and French			
Can communicate in English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can communicate in French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education			
Total number of years of formal education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level of education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Height	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in
Colour of eyes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Photos			
Photos must have been taken within the past six months and must be identified by writing the family member's name and date of birth on the back of the photo	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Space reserved for family member's photo	Space reserved for family member's photo	Space reserved for family member's photo

DETAILS OF FAMILY MEMBERS

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Can communicate in French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Level of education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Colour of eyes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Photos	<input type="text"/>	<input type="text"/>	<input type="text"/>
Photos must have been taken within the past six months and must be identified by writing the family member's name and date of birth on the back of the photo	Space reserved for family member's photo	Space reserved for family member's photo	Space reserved for family member's photo

10. Education

Give the number of years of school you successfully completed for each of the following levels of education.

Elementary/
primary school

Secondary/
high school

University/
college

Trade school or other
post secondary school

Give full details of all the secondary and post secondary education (including university, college and apprenticeship training) you have had.

From		To		Name of institution	City and country	Type of certificate or diploma issued
M	Y	M	Y			

11. Personal history

Give details of what you have been doing during the past 10 years or since age 18, whichever period is longer, starting with the most recent information. Include jobs held, periods of unemployment, periods of study and any other use of time, such as time spent travelling in search of a country of refuge, stays in hospitals, prisons or other places of confinement, and periods spent at home as a homemaker. You must not leave gaps.

From		To		Activity	City or town and country	Name of company, employer, school, facility, as applicable
M	Y	M	Y			

12. Membership or association with organizations

What organizations have you supported, been a member of or been associated with? Include any political, social, youth or student organization, trade unions and professional associations. Do not use abbreviations. Indicate the city and country where you were a member.

From		To		Name of organization	Type of organization	Activities and/or positions held within organization	City and country
M	Y	M	Y				

13. Government positions

List any government positions (such as civil servant, judge, police officer) you have held. Do not use abbreviations.

From		To		Country and level of jurisdiction (e.g. national, regional, municipal)	Department/Branch	Activities and/or positions held
M	Y	M	Y			

14. Military service

Provide below details of military service for each of the countries in whose armed forces you served.

Name of country

From		To		Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and places of any active combat
M	Y	M	Y			

Name of country

From		To		Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and places of any active combat
M	Y	M	Y			

15. Addresses

List all addresses where you have lived since your 18th birthday. Do not use P.O. box addresses.

From		To		Street and number	City or town	Province, State or District	Country
M	Y	M	Y				

Authority to disclose personal information

By submitting this form, you consent to the release to Canadian government authorities of all records and information any government authority, including police, judicial and state authorities in all countries in which you have lived may possess on your behalf concerning any investigations, arrests, charges, trials, convictions and sentences. This information will be used to assist in evaluating your suitability for admission to Canada or remaining in Canada pursuant to Canadian legislation.

Declaration

This declaration covers the information I have provided on this form and all the information submitted in my application for permanent residence as well as in the attached schedules and accompanying documents.

- I declare that the information I have given is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I also understand that should I be found to be inadmissible for misrepresentation, I may be barred from entering Canada for a period of two years following a final determination of my inadmissibility or, if this determination is made in Canada, my removal from Canada.
- I understand that if I wish to work in a regulated occupation, it is my responsibility to obtain information on the licensing requirements from the appropriate regulatory body in Canada and that should I be issued a permanent resident visa for Canada, I am not guaranteed employment in Canada in my occupation or in any other occupation.
- I understand that should I be issued a permanent resident visa for Canada, conditions may be imposed on me at the time of its issuance and that I will be required to meet them.
- I understand all the foregoing statements, having asked for and obtained an explanation on every point that was not clear to me.
- I realize that once this document has been completed and signed, it will form part of my Immigration Record and will be used to verify my family details on future applications.
- I will immediately inform the Canadian visa office where I submitted my application if any of the information or the answers provided in my application forms change.

Signature

Date

Day	Month	Year

DO NOT COMPLETE THE FOLLOWING SECTION NOW. YOU MAY BE ASKED TO SIGN IN THE PRESENCE OF A REPRESENTATIVE OF THE CANADIAN GOVERNMENT OR AN OFFICIAL APPOINTED BY THE CANADIAN GOVERNMENT.

Solemn declaration

I, , do solemnly declare that the information I have given in the foregoing application is truthful, complete and correct, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of applicant

Interpreter declaration

I, , do solemnly declare that I have faithfully and accurately interpreted in the language the content of this application and any related forms to the person concerned.

I have been informed by the person concerned, and I do verily believe, that he or she completely understands the nature and effect of these forms, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as is made under oath.

Signature of interpreter

Declared before me at

this

day of

of the year

Canadian Government official

Name ▶

Signature ▶

Please print or type

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used for the purpose of assessing your application for permanent residence in Canada. This information will be retained in the Personal Information Bank CIC PPU 039 entitled Overseas Immigration Case File. Under the provisions of the *Privacy Act* and the *Access to Information Act*, individuals have the right to protection of and access to their personal information. Instructions for obtaining information are provided in InfoSource, a copy of which is located in all Citizenship and Immigration Offices.

10. Education

Give the number of years of school you successfully completed for each of the following levels of education.

Elementary/
primary school

Secondary/
high school

University/
college

Trade school or other
post secondary school

Give full details of all the secondary and post secondary education (including university, college and apprenticeship training) you have had.

From		To		Name of institution	City and country	Type of certificate or diploma issued
M	Y	M	Y			

11. Personal history

Give details of what you have been doing during the past 10 years or since age 18, whichever period is longer, starting with the most recent information. Include jobs held, periods of unemployment, periods of study and any other use of time, such as time spent travelling in search of a country of refuge, stays in hospitals, prisons or other places of confinement, and periods spent at home as a homemaker. You must not leave gaps.

From		To		Activity	City or town and country	Name of company, employer, school, facility, as applicable
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From		To		Street and number	City or town	Province, State or District	Country
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SCHEDULE 1

BACKGROUND / DECLARATION

The principal applicant, his or her spouse or common-law partner, if applicable, and all dependent children aged 18 years or older listed in the application for permanent residence must complete their own copy of this form.

If there is not enough space to provide all the necessary information, attach to this form a separate sheet of paper with further details. Print your name at the top of each additional sheet and indicate the form's title and the number of the question you are answering.

Before you start completing this form, make enough photocopies for your needs. You can also print all or part of this form from our Web site at www.cic.gc.ca.

BEFORE YOU START, READ THE INSTRUCTION GUIDE
TYPE or PRINT in black ink

Indicate whether you are

- The principal applicant The spouse, common-law partner or dependent child aged 18 years or older of the principal applicant

1. Your full name

Family name

Given name(s)

2. Your full name written in your native language or script
(e.g., Arabic, Cyrillic, Chinese, Korean, Japanese characters or Chinese commercial/telegraphic code)

3. Other names you are or have been using
(including name at birth, previous married names, aliases)

4. Your date of birth

Day	Month	Year

5. Current country of residence

6. Your status in that country

7. Personal details of your father

Family name

Given name(s)

Date of birth

Day	Month	Year

Town/City of birth

Country of birth

Date of death, if deceased

Day	Month	Year

8. Personal details of your mother

Family name at birth

Given name(s)

Date of birth

Day	Month	Year

Town/City of birth

Country of birth

Date of death, if deceased

Day	Month	Year

9. Have you, or, if you are the principal applicant, any of your family members listed in your application for permanent residence in Canada, ever:

	YES	NO
• been convicted of, or are you currently charged with, on trial for, or party to a crime or offence, or subject of any criminal proceedings in any country?	<input type="checkbox"/>	<input type="checkbox"/>
• previously sought refugee status in Canada or applied for a Canadian immigrant or permanent resident visa or visitor or temporary resident visa?	<input type="checkbox"/>	<input type="checkbox"/>
• been refused refugee status in, or an immigrant or permanent resident visa or visitor or temporary resident visa to, Canada or any other country, or have been refused a <i>Certificat de sélection du Québec</i> (CSQ) to Quebec?	<input type="checkbox"/>	<input type="checkbox"/>
• been refused admission to, or ordered to leave, Canada or any other country?	<input type="checkbox"/>	<input type="checkbox"/>
• been involved in an act of genocide, a war crime or in the commission of a crime against humanity?	<input type="checkbox"/>	<input type="checkbox"/>
• used, planned or advocated the use of armed struggle or violence to reach political, religious or social objectives?	<input type="checkbox"/>	<input type="checkbox"/>
• been associated with a group that used, uses, advocated or advocates the use of armed struggle or violence to reach political, religious or social objectives?	<input type="checkbox"/>	<input type="checkbox"/>
• been member of an organization that is or was engaged in an activity that is part of a pattern of criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>
• been detained or put in jail?	<input type="checkbox"/>	<input type="checkbox"/>
• had any serious disease or physical or mental disorder?	<input type="checkbox"/>	<input type="checkbox"/>

If your answer to any of these questions is YES, provide details below.

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Signature of interpreter

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Canadian Government official

Name ►

Please print or type

Signature ►

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From		To		Activity	City or town and country	Name of company, employer, school, facility, as applicable
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15. Addresses

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From		To		Street and number	City or town	Province, State or District	Country
M	Y	M	Y				



SCHEDULE 4 ECONOMIC CLASSES - PROVINCIAL NOMINEES

The principal applicant must complete this form.

<p>1. Your full name</p> <p>Family name <input type="text"/></p> <p>Given name(s) <input type="text"/></p> <p>2. Your date of birth</p> <table border="1" style="width: 100%;"><tr><td style="width: 33%;">Day</td><td style="width: 33%;">Month</td><td style="width: 33%;">Year</td></tr><tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr></table>	Day	Month	Year				<p>3. Which provincial government has nominated you?</p> <input type="text"/> <p>4. Funds</p> <p>Amount of unencumbered transferable and available funds you have, in Canadian dollars <input style="width: 100px;" type="text"/> \$</p>
Day	Month	Year					

Declaration

I declare that my family members and I intend to live in the Province that nominated me.

I understand that my participation in an immigration-linked passive investment scheme (as defined in the *Immigration and Refugee Protection Regulations*) could exclude me from consideration as a member of the Provincial Nominee Class.

I authorize the Government of Canada to share all necessary information respecting my application for permanent residence in Canada, including the status to the application decision, with officials of the provincial government that nominated me.

Signature

Date

Day	Month	Year



USE OF A REPRESENTATIVE

A representative is someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA). You may have **one** representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

Your dependent children aged 18 years or older must complete their own copy of this form if they have a representative.

- I am: appointing a representative. **Complete Sections A, B and D.**
 cancelling the appointment of a representative. **Complete Section A, C and D.**

SECTION A: APPLICANT INFORMATION

1. Your full name

Family name (Surname)

Given name(s)

2. Your date of birth

Day	Month	Year

3. If you have already submitted your application:

Name of office where the application was submitted

Location of office

Type of application (permanent residence, extension of study permit, etc.)

4. Your Citizenship and Immigration Canada Identification number (if known)

Client Identification (ID) or Unique Client Identifier (UCI) number

SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.
- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

5. Your representative's full name

Family name (Surname)

Given name(s)

6. Your representative: (choose one)

is UNPAID and is a:

family member or friend

member of a non-governmental or religious organization

member of the Canadian Society of Immigration Consultants, a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*.

other

is or will be PAID and is a member in good standing of:

the Canadian Society of Immigration Consultants (CSIC)

 ▶ Membership ID number

a Canadian provincial or territorial law society

 ▶ Which province or territory?

 ▶ Membership ID number

the *Chambre des notaires du Québec*

 ▶ Membership ID number

7. Your representative's contact information

Name of firm or organization (if applicable)			
Mailing address			
Postal code/ZIP			
Telephone number	Country code	Area code	Number
	()	()	
Fax number	Country code	Area code	Number
	()	()	
E-mail address (if applicable)			

8. Your representative's declaration:

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

Signature of representative

Date

Day	Month	Year

SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

9. Your representative's full name

Family name (Surname)

Given name(s)

Name of firm or organization
(if applicable)
SECTION D: YOUR DECLARATION**10.**

- I declare that the information I have given is truthful, complete and correct.
- I understand all the foregoing statements, having asked for and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date

Day	Month	Year

Signature of spouse or common-law partner
(if applicable)

Date

Day	Month	Year

Warning! It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**



**Government of Saskatchewan
Immigration Branch**

Entrepreneur

Application Form

FOR OFFICE USE ONLY

Office file number:

SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)

PLEASE PRINT OR TYPE APPLICATION

PERSONAL INFORMATION

1. a) Surname (family name):		b) Given name(s):	
c) Full name in native language (for example, Arabic, Cyrillic, Korean, Japanese characters or Chinese commercial/telegraphic code) is:			
2. a) Date of birth (day/month/year):	b) Place of birth (city or town):	c) Country of birth:	
3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Citizenship:	

ELIGIBILITY CRITERIA

The Entrepreneur Category requires the following (9) criteria to be met for consideration under the Saskatchewan Immigrant Nominee Program:

1. I have attached a detailed business proposal to establish a business in Saskatchewan or relocation and investment plan. Yes No
2. I have attached a detailed financial plan for the capital and operational investment to establish a business in Saskatchewan. Yes No
3. I have attached professional prepared financial statements of my current business. Yes No
4. I have attached a personal financial statement. Yes No
 - a) I have visited Saskatchewan in the last 2 years. Date of visit: _____ Yes No
 - b) I plan to visit Saskatchewan. Date of visit: _____ Yes No
5. I will be involved in the day-to-day ongoing management of the business. Yes No
6. I will reside in Saskatchewan on a permanent basis. Yes No
7. My business proposal does not include a financial obligation to invest in a Saskatchewan business for a specified period of time with a guaranteed return of investment under specified conditions. Yes No
8. I will own 33.3% of my business in Saskatchewan or invest at least \$500,000 into the business. Yes No
9. I have attached documentation (e.g. education, training, work experience, financial/business documents or previous business/management experience) that demonstrates I am an experienced businessperson. Yes No

8. List those who will accompany the applicant to Canada (use a separate sheet if required):

Name (provide birth name of spouse) Relationship (spouse/children) Date of Birth/Age (day/month/year)

9. List relatives currently living in Canada:

Name Relationship (spouse/children) City/Province Length of Residence

CURRENT BUSINESS INFORMATION

10.a) Position in current business (owner, partner, manager, supervisor):	b) Number of years you have owned and/or managed a business:	c) Type of business (manufacturing, exporting, processing, etc.):
d) Number of employees managed:	e) Sales volume (each of 2 previous yrs.):	f) Company assets (see Form SK-200-1):
g) If you were a senior manager in a business please state: Number of years in senior management: _____	h) Level of decision-making within the company: _____ _____ _____	i) Sales volume you directly had an impact upon:

11. Check the sector which the business proposal falls under:

- Agri-value and Biotechnology Forestry Energy Culture Retail/Services
- Information Technology and Telecommunications Tourism Mining/Minerals
- Fabricated Metal Manufacturing Value Added Processing Manufacturing



**Government of Saskatchewan
Immigration Branch**

AUTHORITY TO DISCLOSE PERSONAL INFORMATION

- I authorize the release of information from my Saskatchewan Immigrant Nominee Program application to officials of the Canadian Government for any purpose relating to my application and other government officials as deemed appropriate.
- I authorize the release of employment and educational history to potential employer(s) and to associations and agencies assessing work and educational qualifications.
- I authorize the third party listed on this application to provide the completed form to the Saskatchewan Government and I further authorize this third party and the Government of Saskatchewan to discuss the contents of this form, or additional information of this type, for the purposes described in the application.

Applicant Name (please print)

Applicant Signature

Date

DECLARATION OF APPLICANT

- I intend to live in Saskatchewan on a permanent basis.
- I intend to own and manage on a day-to-day basis a business in Saskatchewan.
- I declare my financial investment does not include a return on the investment under specified conditions.
- I declare that the information I have given in this application is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I understand all the foregoing statements, having asked for and obtained an explanation of every point which was not clear to me.

Applicant Name (please print)

Applicant Signature

Date



SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM

BUSINESS NET WORTH

Last Name: _____ First Name: _____ Initial: _____

1. List your **Assets**:

- a) List all company property, inventory, equipment values (in Canadian Funds) in your country of residence and other countries.
- b) List company financial funds (in Canadian Funds) in your country of residence and other countries directly available to you.
- c) List how much of your company assets (in Canadian Funds) you will bring to Canada.

NOTE: Applicants are required to provide documented proof of commercial property value, investments, and bank accounts.

2. List your **Debts**:

- a) List the amount of loans and other financial obligations (in Canadian Funds) of the company, including current and/or back taxes, lawyer fees, operating expenditures, etc.
- b) Short or long-term financial obligations for capital expenditure, research development, etc.

3. **Calculate** total assets minus total debts.

4. Identify the amount of **Company Assets** you plan to bring to Canada.

USE A SEPARATE SHEET IF REQUIRED

1. COMPANY ASSETS	2. COMPANY DEBTS
\$AMOUNT (Canadian Funds)	\$AMOUNT (Canadian Funds)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Assets (1) \$ _____	Total Debts (2) \$ _____
3. COMPANY VALUE: Total Assets (1) less Total Debts (2) = Company Value \$ _____	

4. AMOUNT OF COMPANY **ASSETS TO BE BROUGHT TO CANADA** (Canadian Funds) \$_____

SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM
BUSINESS NET WORTH

I certify that the above information is complete, truthful and correct.

Applicant's Name (please print)

Applicant's Signature

Date

Verified by: (Verification of financial information must be based on externally audited statements, tax returns, bank accounts, etc., and verified by the appropriate authority or authorities)

Name _____

Date _____

Position _____

Company _____

Bank _____

Address _____

Telephone _____

Fax _____