Request For Refund of \$100,000 Entrepreneurial Stream (NBPNP)



1. Principal Applicant Information								
Family Name(s) exactly as shown on your passp	Date of Birth (mm-dd-yyyy)							
First Name(s) exactly as shown on your passport or travel document				NBPNP #				
Middle Name(s) exactly as shown on your passport or travel document				INB#				
2. Principal Applicant Contact Inforn	nation							
Email Address	Telephone Nur	nber (home)	Telephone Number (cell)					
Current Home Address in NB Apt./Unit Street No. Street Name	Town	Postal Code						
3. Your Immigration Representative Information (if applicable)								
Name (last, first)	Organization		ICCRC No.					
Email Address	Telephone Nur	nber	Website					
Company Address Apt./Unit Street No. Street Name	City or	Town / Province / Country		Postal Code				
4. Business Performance Agreement Timelines (mm-dd-yyyy)								
Your official landing date in Canada:		Your arrival date in NB:						
30 days after landing date:	Your repor	t date:	Did you meet deadline? □ Yes □ No					
60 days after landing date:	Your 1st m	neeting date:	Did you meet deadline? ☐ Yes ☐ No					
180 days after landing date:	Your 2nd 1	meeting date:	Did you meet deadline? □ Yes □ No					
730 days (2 years) after landing date:	Your Busin	ness Opening date:		Did you meet deadline? ☐ Yes ☐ No				

5. Business Profile								
Business Name:			Industry S	Industry Sector:				
Busir	iess Add	ress in NB:						
	Business Address in NB: Unit No. Street No. Street Name			Street Name		City or	Postal Code	
Business Phone #: Business Email:					Business Website Ad	dress:		
Business Registration Date (Provincial): (mm/dd/yyyy)			Business O	Business Opening Date: (mm/dd/yyyy)				
CRA Business Registration Date (Federal): (mm/dd/yyyy)				GST/HST	#:			
Business Fiscal Year From (mm/dd/yyyy): To (mm/dd/yyyy)			First Customer Sale Transaction Date: (mm/dd/yyyy)					
			1					
A	6. Required Documents / Evidence According to Business Performance Agreement Attach all documents in the numerical order and submit them with this form. The Department may request additional evidence and information. Your documents will not be returned. Please Check ☑ For Office Use							
(1)	(1) Permanent Residence Card (copy)							
(2)		rt (copy of all pag	, 10,	g blank pages)				
(3)	-	of Residence in NI						
(4)	Busine	ss Name Registrat	tion (Provi	ncial - SNB)				
(5)	Busine	ss Name Registrat	tion (Feder	al - CRA)				
(6)	GST/H	ST Registration						
(7)								
(8)	·							
(9)	Partnership / Shareholder Agreement (if applicable)							
(10)	Franchise Agreement (if applicable)							
(11)	First Customer Sales Record (copy)							
(12)	1 21							
(13)	Employment Contracts (for at least two full-time employees)							
(14)	Payroll & Benefits Records (for at least two full-time employees)							
(15)	15) Audited Financial Statements (at the end of one full year operation)							
(16)	(16) Business Income Tax – Notice of Assessment by CRA							
(17)	17) Business Income Tax Paid Records (copy)							
(18)	8) GST/HST Annual Remittance – Notice of Assessment by CRA							
(19)	A Void Cheque of your business bank account							

7. List Your Evidence for Eligible Investment

Attach all documents in the numerical order and submit them with this form.

The Department may request additional evidence and information. Your documents will not be returned.

You can add more pages if needed.

#	Eligible Investment	Amount Including HST (CAD)	Amount Excluding HST (CAD)	For Officer Verification
(1)		, ,	,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				
(25)				
(26)				
(27)				
	Total (≥ \$250,000 CAD)	_		

8. Signature	
I, the undersigned, acknowledge that the informat documentation are a true and accurate representation	tion presented in this form and the attached supporting n of my intended business activities and investment.
Principal Applicant's Signature	Date (mm/dd/yyyy)

Mail your documents to (including Appendix A – Bank Information):

Opportunities New Brunswick / Immigration Services

C/O Business Unit

250 King Street, Fredericton NB

Place 2000

E3B 9M9

$\ \, Appendix \ A-Bank \ Information$

Bank Information (Do not leave any fields blank.)								
Complete bank name					Telephone number			
	ank address							
Apt./Unit	Street no.	Street name			City/Town/Cou	ntry	Postal code	
Bank swift	 code / BIC / II	 BAN code	Transit # / Financ	cial Institutio	<u> </u> on #	Account #		
Principal A	pplicant Info	rmation						
Principal ap	plicant name	,				Telephone number		
Principal applicant address								
Apt./Unit	Street no.	Street name			City/Town/Country		Postal code	
Principal ap	plicant email	address:						
Signature								
I/We hereby authorize you to credit this account with any payments due from the Province of New Brunswick								
until appropriate authority is received to indicated otherwise.								
Principal Applicant's Signature				Date (mm/dd/yyyy)				