Request for Extension of Business Establishment Period



NBPNP Refundable Deposit Program

Extension requests must be made at least **30 days prior to the expiration of the Business Establishment Period**. PGD shall consider the request, but is not obliged to grant any extension.

PRINCIPAL APPLICANT PERSONAL INFORMATION

Principal Applicant Name (Last,	First, Middle)	
	PNP #	
Date of birth (dd /mm /yyyy)		Date of landing (dd /mm /yyyy
Current residential address, inc	cluding postal code (Do not use a tl	hird party address)
()	()	
Telephone (daytime)	Telephone (evening)	Email
Attended Business Immigrant M	entorship Program (BIMP) □From	n (mm/yy)to (mm/yy)
	PERMANENT RESIDENC	

Please indicate all the travels and/or time lived outside of NB since becoming a Permanent Resident of Canada. Please include all absences from Canada. You must submit copies of passport (stamped pages).

From(Date)	To(Date)	Location(city, Country)	Reason for Absence from NB	# of Days

EXPLANATION FOR EXTENSION

1. Please provide a brief explanation as to why the original investment period will not be sufficient to complete the requirements of the deposit agreement.

2. Please explain what actions you have taken since landing in order to establish your Business in New Brunswick. For example: incorporate and register a business, have a business location established, sign purchase/sale agreements, invested in eligible expenses.

3. Please indicate your plan on how the investment will be completed within the extension period

SIGNATURE

I, the undersigned, acknowledge that the information presented in this form and the attached supporting documentation are a true and accurate representation of my intended business activities

Prin	cipa	il Ap	plicant