

BC Provincial Nominee Program - Business Immigration Seminar Registration Form

IMPORTANT: Please ensure that you are using the most current version of this form. To verify this please visit our website at www.WelcomeBC.ca/PNP

The information on this form is collected for the purpose of administering the British Columbia Provincial Nominee Program (BC PNP) as authorized by the Canada/BC Immigration Agreement and will be used to collect data for assessment of individual applications under the BC PNP. The information will be used for purposes of evaluating the Provincial Nominee Program. Personal information will be used and disclosed in accordance with the privacy protection provisions of the Freedom of Information and Protection of Privacy Act (RSBC 1996, c. 165). If you have any questions about the collection, use and disclosure of this information, contact the BC PNP by telephone: (604) 775-2227, Fax: (604) 660-4092 or by e-mail: Bus.lmm@gov.bc.ca

| ersonal information of Re | gistrant | | | | | | | | | |
|---|--|------------------|-------------|----------------|----------------------|----------------------------|-------------|-----------------|------------------------|-------------------|
| . Contact Information | | | | | | | | | | |
| Family Name | | Given Name | | | | Date of Birth (dd/mm/yyyy) | | | Country of Citizenship | |
| Gender | | an you | communicat | te in English? | Other Langu | Jages Snoken | | | | |
| Gender | Can you communicate in English? Other Languages Spoken Yes No | | | | | | | | | |
| L. Residential Address | | | | | | | | | | |
| Street Name and Number (unit, stre | | City / Town | | | Province / State Co | | Countr | Country | | Postal / Zip code |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Telephone Number Alternate Telep | | phone Number | | Email Address | | | | | | |
| | | | | | | | | | | |
| 3. Contact in British Columbia (i | | | | | | | | | | |
| Name of Contact in B.C. | | Telephone Number | | | Email Address | | | | | |
| | | | | | | | | | | |
| 4. What is your personal net wo | orth (CAD \$) = (tota | al perso | onal assets | | | | | | | |
| under \$400,000 | \$400,000 - 5 | \$800,00 | 00 | Over | \$800,000 | | | | | |
| Business Background of R | egistrant | | | | | | | | | |
| 5. Current / Previous Business I | | | | | | | | | | |
| Business Name | | Year Established | | # of Employee | s Annual S | Annual Sales CAD\$: | | Company Website | | |
| | | | | | | | | | | |
| Type of Business | | | | | | | | | | |
| | | | | | | | | | | |
| Are you the owner of the above me | entioned business? | | | | | | | | | |
| Yes If Yes, % of C | Ownership: | \neg | | | | | | | | |
| | | | | | | | | | | |
| No If No, Positi | ion in Company: | | | | | | | | | |
| In Canada, what type of business of | are you interested in | ? | | | | | | | | |
| | | | | | | | | | | |
| ate of Seminar | | | | | | | | | | |
| IMPORTANT: Please visit the I | | | | | | | ninar Reque | sted | | |
| a specific date is only confirm | ned once you rece : guarantee availa | | | | npleting thi | S | | | | |
| | guarantee avana | | or une spec | inea aatei | | | | | | |
| legistration Fee | | | | | | | | | | |
| A Registration Fee of \$125 is appreciately requested seminar. By signing | | | | | | | | | | |
| . , , , , | | | | | Cardholder Signature | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| VISA | | | | | | | | | m m / | ' y y |
| MasterCard Credit Card Number: | | | | | Expiry Date: | | | | | |

Send the completed registration forms to:

BC PNP F-004 Business Immigration Seminar Registration Form [Nov 2012]

Website: www.WelcomeBC.ca/PNP