



British Columbia Provincial Nominee Program

Mailing Address:
800-360 W Georgia Street
Vancouver BC V6B 6B2
CANADA

APPLICATION FORM

PNP File No. (for office use only):

Business Skills and Regional Business Categories

The information on this form is collected for the purpose of administrating the Provincial Nominee Program as authorized by the *Canada/BC Immigration Agreement* and will be used to collect data for assessment of individual applications under the Provincial Nominee Program. 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 British Columbia Provincial Nominee Program, by telephone: (604) 775-2227, Fax: (604) 660-4092 or by e-mail: Bus.Imm@gov.bc.ca

- Please make sure that you are familiar with the requirements for the BC PNP's Business Skills and Regional Business categories before you complete or submit this Application
- If you received help from a paid representative in completing this Application, you must submit an Authorized Representative Form with your Application
- Applications will not be accepted from individuals who have an unresolved refugee claim in Canada, are in Canada illegally, are under a removal order in Canada and/or are prohibited from entering Canada.

If additional sheets are required to complete this form, write F-001 and the name of the applicant on the top of each additional page.

An incomplete application will be returned without being processed.

1. Your personal information

Family Name	<input type="text"/>	Given Name	<input type="text"/>
Date of Birth:	<input type="text"/>	Country of Citizenship	<input type="text"/>

2. Your spouse or common-law partner's information (if applicable)

Family Name	<input type="text"/>	Given Name	<input type="text"/>
Date of Birth:	<input type="text"/>	Country of Citizenship	<input type="text"/>

3. Your contact information

Residential Address

Street name and number:	<input type="text"/>		
Apartment/Suite number	<input type="text"/>	P.O. Box Number	<input type="text"/>
City/Town:	<input type="text"/>	Province/State:	<input type="text"/>
Country:	<input type="text"/>	Postal/Zip Code:	<input type="text"/>

Mailing Address (if different from above)

Street name and number:	<input type="text"/>		
Apartment/Suite number	<input type="text"/>	P.O. Box Number	<input type="text"/>
City/Town:	<input type="text"/>	Province/State:	<input type="text"/>
Country:	<input type="text"/>	Postal/Zip Code:	<input type="text"/>

Home Phone:	<input type="text"/>	Mobile/Cell Phone:	<input type="text"/>
Business Phone:	<input type="text"/>	Fax:	<input type="text"/>
Email address:	<input type="text"/>		

4. Which business category of the BC PNP are you applying under? Check the applicable box

☐ **Business Skills**

If you are applying in the Business Skills category, do you wish to include a Key Staff person as a co-applicant for nomination? *Check Yes or No*

☐ Yes ☐ No

If Yes, please provide the below information about the Key Staff.

Family Name	<input type="text"/>	Given Name	<input type="text"/>
Date of Birth:	<input type="text"/>	Country of Citizenship	<input type="text"/>

Position in the Proposed Business in British Columbia:

Note: Please complete the required forms indicated on the 'Application Checklist for Key Staff (BC PNP C-002)'

☐ **Regional Business**

5a. Do you have experience as a business owner-manager? Check Yes or No

(Owner-manager means that you own at least 10% of the shares of the business and are actively involved in its day to day management)

☐ **Yes** ☐ **No**

*If Yes, please provide the following information about the business that you have **most recently owned and managed**:*

How many years of experience do you have as a business owner-manager? Years

Name of Business:	Brief Description of Business:	Type of Ownership: (Check the applicable box)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation

Date Established: Shared Capital Issued CDN\$:

Address: (Unit, Street)

City/Town:	Province/State:
<input type="text"/>	<input type="text"/>
Country:	Postal/Zip Code:
<input type="text"/>	<input type="text"/>
Phone:	Fax:
<input type="text"/>	<input type="text"/>
Website:	Email Address:
<input type="text"/>	<input type="text"/>

Space Occupied: (Square Meters):	(Check the applicable box)	Number of Employees:	% owned by Applicant:
<input type="text"/>	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="text"/>	<input type="text"/>

Applicant's Position in the company:

Name of Partners with more than 10% ownership:

Percentage of Ownership:

5b. Do you have other experience as a senior manager? Check Yes or No

☐ Yes ☐ No

If Yes, please provide the following information about the business that you worked for most recently in a senior manager position:

How many years of experience do you have as a senior manager? Years

Name of Business:

Location of the business
(City, Country):

Brief Description of Business:

Your Position (job title):

Year you started in this position:

Number of Employees:

Are you still employed
in this position? ☐ Yes
☐ No

6. During the past 10 years, how many business start-ups have you been actively involved in?

Check the applicable box

☐ 1 ☐ 2 ☐ 3 or more ☐ None

Note: If you have been actively involved in more than 1 business start-up during the past 10 years, please complete the Additional Business Information Form (BC PNP F-002).

7. Please provide the following information from the last 3 years financial statements of companies you have most recently owned and managed. Report figures in Canadian dollars

Year	Revenue	Net Profit	Number of Employees	Total Assets [A]	Total Liabilities [B]	Shareholders' Equity [C] [C] = [A] - [B]

Note: Enclose your company's official brochure if available.

8. Is there any legal action being taken, or pending, against you or your business that could materially affect your personal net worth? Check Yes or No

☐ Yes ☐ No

9. During the past 10 years, have you ever declared personal bankruptcy? Check Yes or No

☐ Yes ☐ No

10. During the past 10 years, have you ever owned or managed a business that was put into bankruptcy or receivership, or was closed down due to financial difficulties? Check Yes or No

☐ Yes ☐ No

11. If you answered Yes to 8, 9 or 10, please provide details in the space below

Note: If additional space is needed to complete this question, write F-001 and the name of the applicant on the top of each additional page.

12. Please provide the following information about your proposed business venture in British Columbia.

Brief Description of Proposed Business

Proposed Business Location

Business Formation: *(Check the applicable box)*

- ☐ New Start-up
☐ Purchase of an existing business
☐ Partnership with an existing business

Amount of Investment Required:

Amount you will invest:

Explain Any Other Sources of Investment: *(include amount)*

Your Role in the Proposed Business:

Number of New Full-time Positions in the Proposed Business *(excluding yourself and family members)*

13. What is your level of English language proficiency? Check the applicable box

	Good	Moderate	Minimal/None
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Do you have any formal qualifications (degrees, diplomas, or professional designations)?

Check the applicable box

- ☐ Bachelor's degree ☐ Master's degree ☐ Doctoral degree (Ph.D)
☐ Diploma/Certificate ☐ Professional designation

15. Do you currently have an active application for permanent residence in Canada under any federal or Quebec program or provincial nominee program (excluding the BC PNP)? *Check Yes or No*

☐ Yes ☐ No

16. During the past 5 years, have you ever had an application rejected for permanent residence in Canada under any federal or Quebec program or any provincial nominee program (including the BC PNP)? *Check Yes or No*

☐ Yes ☐ No

17. During the past 5 years have you ever had an application rejected for a Canadian visitor visa, study permit or temporary work permit? *Check Yes or No*

☐ Yes ☐ No

18. If you answered Yes to 15, 16 or 17, please provide details in the space below

Note: If additional space is needed to complete this question, write F-001 and the name of the applicant on the top of each additional page.

19. Complete the following information for any relatives living in British Columbia:

Name of Relative	Relationship to Applicant	Town/City of Relative	Years in Canada

20. Complete the following information for any relatives living in Other Provinces/Territories of Canada:

Name of Relative	Relationship to Applicant	Town/City of Relative	Province/Territory of Relative	Years in Canada

21. Reasons for current or any previous stays in Canada

Indicate the reason for your visits to Canada (tourism, work, studies, business, claiming refugee status, other - please specify)	Visited Province/Territory	Entry in Canada (mm/yyyy)	Exit from Canada (mm/yyyy)

22. Did you have help preparing your PNP Application Form? *Check Yes or No*

☐ Yes ☐ No

If Yes, who provided this assistance?

☐ Sponsor ☐ Immigration Consultant ☐ Lawyer ☐ Other

Please specify name:

23. How did you learn about the Provincial Nominee Program? Check the applicable box. You may check more than one box.

- ☐ BC Promotions Materials ☐ PNP Web Site ☐ Visa Office ☐ Immigration Consultant
- ☐ Lawyer ☐ Other (please specify)

Declaration

- i) I confirm that the information I have provided for this Application is to be the best of my knowledge true, correct, and complete.
- ii) I understand that if any of the information in this Application is found to be false or intentionally misleading that the Province of British Columbia may refuse my application to the Provincial Nominee Program, or if applicable, my nomination for permanent residence.
- iii) I understand that information provided in this form may be used for purposes of evaluating the Provincial Nominee Program.
- iv) I understand all the foregoing statements, having asked for and obtained explanations on every point which was not clear to me.

Signature of Applicant:	Date Signed (dd/mm/yyyy)
Signature of Spouse:	Date Signed (dd/mm/yyyy)