



# British Columbia Provincial Nominee Program

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

## ADDITIONAL BUSINESS INFORMATION FORM Business Skills and Regional Business Categories

PNP File No. (for office use only):

If you have been actively involved in more than 1 business start-up during the past 10 years, please complete the following information.

Name of Business:

Brief Description of Business:

Type of Ownership:

(Check the applicable box)

- ☐ Sole Proprietor  
☐ Partnership  
☐ Corporation

Date Established:

Shared Capital Issued CDN\$:

Are you owner-manager of this company? ☐ Yes ☐ No

Address: (Unit, Street)

City/Town:

Province/State:

Country:

Postal/Zip Code:

Phone:

Fax:

Website:

Email Address:

Space Occupied:  
(Square Meters):

(Check the applicable box)

- ☐ Owned  
☐ Leased

Number of Employees:

% owned by Applicant:

Applicant's Position in the company:

Name of Partners with more than 10% ownership:

Percentage of Ownership:

Business performance (Report figures in Canadian dollars)

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

**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](http://www.WelcomeBC.ca/PNP)