

# British Columbia Provincial Nominee Program

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

#### **KEY STAFF INFORMATION FORM**

## **Business Skills Category**

PNP File No. (for office use only):

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: <a href="mailto:Bus.Imm@gov.bc.ca">Bus.Imm@gov.bc.ca</a>.

## Note: This form is to be completed by the Key Staff

|   | Note. This form is to be compl          | iolou by the ricy clair |  |
|---|---|-------------------------|--|
| Your personal information                       |   |                         |  |
| Family Name                                     | Giver                                   | n Name                  |  |
| Date of Birth:                                  | Coun                                    | ntry of Citizenship     |  |
| Your spouse or common-la                        | aw partner's information (if applicable | (e)                     |  |
| Family Name                                     | Giver                                   | n Name                  |  |
| Date of Birth:                                  | Country of Citizenship                  |                         |  |
| Your contact information<br>Residential Address |   |                         |  |
| Street name and number:                         |   |                         |  |
| Apartment/Suite number                          |   | P.O. Box Number         |  |
| City/Town:                                      |   | Province/State:         |  |
| Country   |   | Postal/Zip Code:        |  |
| Mailing Address (if different fro               | om above)                               |                         |  |
| Street name and number:                         |   |                         |  |
| Apartment/Suite number                          |   | P.O. Box Number         |  |
| City/Town:                                      |   | Province/State:         |  |
| Country   |   | Postal/Zip Code:        |  |
| Home Phone:                                     |   | Mobile/Cell Phone:      |  |
| Fax:  |   | Business Phone:         |  |
| Email address:                                  |   |                         |  |

| 4. Have | 4. Have you been working for the Applicant's company?  |                            |  |                                |                       |  |  |  |  |  |
|---------|--|----------------------------|--|--------------------------------|-----------------------|--|--|--|--|--|
|         | ] Yes  |                            |  |                                |                       |  |  |  |  |  |
|         | If yes, please provide the following information:  |                            |  |                                |                       |  |  |  |  |  |
|         | Position Title:  |                            |  |                                |                       |  |  |  |  |  |
|         |  |                            |  |                                |                       |  |  |  |  |  |
|         | Role and Respo   | Role and Responsibilities: |  |                                |                       |  |  |  |  |  |
|         |  |                            |  |                                |                       |  |  |  |  |  |
|         |  |                            |  |                                |                       |  |  |  |  |  |
|         |  |                            |  |                                |                       |  |  |  |  |  |
|         | Year you started in this position:   |                            |  |                                |                       |  |  |  |  |  |
|         | Are you still employed in this position?   Yes   No  |                            |  |                                |                       |  |  |  |  |  |
|         | No   |                            |  |                                |                       |  |  |  |  |  |
|         | -  | rovide the follow          | ving information:                                  |                                |                       |  |  |  |  |  |
|         | If <i>no, please provide the following information:</i> How did you get to know the Applicant? |                            |  |                                |                       |  |  |  |  |  |
|         |  |                            |  |                                |                       |  |  |  |  |  |
|         |  |                            |  |                                |                       |  |  |  |  |  |
|         |  |                            |  |                                |                       |  |  |  |  |  |
| 5. Plea | ase provide the follo  | owing informati            | on about your role in                              | n the proposed business ventur | e in British Columbia |  |  |  |  |  |
|         | roposed Job Title  |                            |  |                                |                       |  |  |  |  |  |
| ΙĖ      | Froposed Job Title   |                            |  |                                |                       |  |  |  |  |  |
|         | Proposed Role and Responsibilities:  |                            |  |                                |                       |  |  |  |  |  |
| ΙĖ      | Topocou i tolo una i t   |                            |  |                                |                       |  |  |  |  |  |
|         |  |                            |  |                                |                       |  |  |  |  |  |
|         |  |                            |  |                                |                       |  |  |  |  |  |
| Р       | roposed Salary:  |                            |  |                                |                       |  |  |  |  |  |
|         |  |                            |  |                                |                       |  |  |  |  |  |
|         |  |                            |  |                                |                       |  |  |  |  |  |
| 6. Wha  | at is your level of E  |                            | proficiency? Check                                 |                                |                       |  |  |  |  |  |
|         |  | Good                       | Moderate   | Minimal/None                   |                       |  |  |  |  |  |
|         | Speaking   |                            |  |                                |                       |  |  |  |  |  |
|         | Reading  |                            |  |                                |                       |  |  |  |  |  |
|         | Writing  |                            |  |                                |                       |  |  |  |  |  |
|         | you have any forma<br>eck the applicable bo  |                            | (degrees, diplomas,                                | or professional designations)? | ,                     |  |  |  |  |  |
|         | Bachelor's degree  |                            | aster's degree                                     | Doctoral degee (Ph.D)          |                       |  |  |  |  |  |
|         | Diploma/Certificat   | ·                          | rofessional designation                            | _                              |                       |  |  |  |  |  |
| _       |  | - L ''                     | z. zza. z. a za z | •                              |                       |  |  |  |  |  |

| -   |                  | application for permanent re<br>gram (excluding the BC PNI   |            |                     | r any federal or                | Quebec                                  |
|---|------------------|--|------------|---------------------|---------------------------------|---|
| ☐ Yes                                     | ☐ No             |  | •          |                     |                                 |   |
|   |                  | u ever had an application re<br>provincial nominee program   |            |                     |                                 |   |
| 10. During the past 5 temporary work pern |                  | ou ever had an application re  | jected fo  | or a Canadian vis   | sitor visa, study               | permit or                               |
| ☐ Yes                                     | ☐ No             |  |            |                     |                                 |   |
| 11. If you answered `                     | Yes to 8, 9 or 1 | 0, please provide details in   | the spac   | e below             |                                 |   |
|   |                  |  |            |                     |                                 |   |
|   |                  |  |            |                     |                                 |   |
|   |                  |  |            |                     |                                 |   |
| Note: If additional spa                   | ace is needed to | complete this question, write F-00   | 1 and the  | name of the applica | ant on the top of ea            | ach additional page                     |
| 12 Complete the fall                      | owing informs    | ition for any relatives living i   | in Britich | Columbia:           |                                 |   |
| Name of Re                                |                  | Relationship to Applica  |            |                     | y of Relative                   | Years in                                |
|   |                  |  |            |                     | ,                               | Canada                                  |
|   |                  |  |            |                     |                                 |   |
|   |                  |  |            |                     |                                 |   |
| 13. Complete the foll                     | owing informa    | ntion for any relatives living i   | n Other    | Provinces/Territ    |                                 |   |
| Name of Re                                | lative           | Relationship to Applicant  | Town/      | City of Relative    | Province/Territo<br>of Relative | ry Years in<br>Canada                   |
|   |                  |  |            |                     |                                 |   |
|   |                  |  |            |                     |                                 |   |
| 44 December 6                             |                  | de la constanta de la constant |            |                     |                                 |   |
|   |                  | vious stays in Canada  |            |                     |                                 | - · · · · · · · · · · · · · · · · · · · |
|   | •                | Canada (tourism, work, studies, us, other - please specify)  | Visited F  | Province/Territory  | Entry in Canada<br>(mm/yyyy)    | Exit from Canada<br>(mm/yyyy)           |
|   |                  |  |            |                     |                                 |   |
|   |                  |  |            |                     |                                 |   |
|   |                  |  |            |                     |                                 |   |

#### **Declaration**

- 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 Key Staff: | Date Signed (dd/mm/yyyy) |
|-------------------------|--------------------------|
| Signature of Spouse:    | Date Signed (dd/mm/yyyy) |

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