

IMPORTANT: Ensure you are using the most current application form by visiting our website at www.WelcomeBC.ca/PNP.

PNP File No (for office use only):

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: PNPInfo@gov.bc.ca.

- Familiarize yourself with the requirements for the BC PNP's Business Immigration categories prior to completing this Application.
- If you received assistance 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, provide your name at the top of each additional page.

An incomplete application will be returned without being processed.

You must complete this form and submit with all required documents (refer to Checklist).

1. Your personal information

Surname	Given Names	Date of Birth (dd/mmm/yyyy)	Country of Citizenship

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

Surname	Given Names	Date of Birth (dd/mmm/yyyy)	Country of Citizenship

3. Your contact information

Home Phone Number	Mobile/Cell Phone Number	Business Phone Number
Personal E-mail Address*		

* By providing your personal email address, you are authorizing the BC PNP to contact you regarding your application.

Current Residential Address

Street Name and Number (unit, street)			
City / Town	Province / State	Country	Postal / Zip Code

Mailing Address (if different)

Street Name and Number (unit, street)			
City / Town	Province / State	Country	Postal / Zip Code

4. Under which business category of the BC PNP are you applying? Check the applicable box

☐ Entrepreneur Category

If you are applying under the Entrepreneur category, are you including a Key Staff as a co-applicant? Check Yes or No.

☐ Yes ☐ No

If yes, provide the following information about the Key Staff

Surname	Given Names	Date of Birth (dd/mmm/yyyy)	Country of Citizenship

☐ Regional Entrepreneur Category

Send completed BC PNP application packages to:

BC Provincial Nominee Program

800 - 360 West Georgia St

Vancouver, BC V6B 6B2 Canada

Phone: +1 604 775-2227 E-mail enquiries: Bus.Imm@gov.bc.ca

Key Staff role in the proposed business

Note: you must complete the required forms for the Key Staff indicated in the checklist for the Entrepreneur category.

5. **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
6. **During the past 10 years, have you ever declared personal bankruptcy?** *Check Yes or No*
☐ Yes ☐ No
7. **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
8. **If you answered Yes to 5, 6 or 7, provide details in the space below**

EDUCATION AND WORK EXPERIENCE

9. Education

From – To (mm/yyyy - mm/yyyy)	Degree or Diploma , with Major, School name and location (city and country):

10. Work Experience *(Provide your work experience in the past 10 years, starting with most recent)*

From – To (mm/yyyy - mm/yyyy)	Name of company:		
Address of company:			
Company website:		Phone number:	
Job title(s):		Number of employees under your supervision:	
Your salary, bonus and/or dividend:		Total number of employees:	
Main activities of the company: <i>Specify products/services and sector (e.g. retail, wholesale, manufacturing or service). Clearly describe customer base.</i>			

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Your responsibilities:

Attach a copy of a letter from employer confirming your salary, position and responsibilities.

Your ownership:
☐ None

☐ Yes ►

Type of ownership:

☐ Sole proprietorship

☐ Partnership

☐ Corporation

Name of partners with more than 10% ownership:	% of ownership
	_____ %
	_____ %
	_____ %
	_____ %

Provide the following information from the most recent two years financial statements.

Report figures in Canadian dollars.

Year	Revenue	Net Profit	Total Assets (A)	Total Liabilities (B)	Shareholders' Equity (C) [C=A-B]

Space occupied: _____ m² ☐ Owned ☐ Leased

From – To (mm/yyyy - mm/yyyy)

Name of company:
Address of company:
Company website:
Phone number:
Job title(s):
Number of employees under your supervision:
Your salary, bonus and/or dividend:
Total number of employees:
Main Activities of the company:

Specify products/services and sector (e.g. retail, wholesale, manufacturing or service). Clearly describe customer base.

Your responsibilities:

Attach a copy of a letter from employer confirming your salary, position and responsibilities.

Your ownership:
☐ None

☐ Yes ►

Type of ownership:

☐ Sole proprietorship

☐ Partnership

☐ Corporation

Name of partners with more than 10% ownership:	% of ownership
	_____ %
	_____ %
	_____ %
	_____ %

Provide the following information from the most recent two years financial statements.

Report figures in Canadian dollars.

Year	Revenue	Net Profit	Total Assets (A)	Total Liabilities (B)	Shareholders' Equity (C) [C=A-B]

 Space occupied: _____ m² ☐ Owned ☐ Leased

BUSINESS PROPOSAL
11. Provide the following information about your proposed business:

Brief description	
Business Formation (check applicable box): <input type="checkbox"/> New start-up <input type="checkbox"/> Purchase of an existing business <input type="checkbox"/> Partnership with an existing business <input type="checkbox"/> Regional Business Succession Option	Proposed business location NAICS Code
Your ownership percentage: _____ %	
Amount of investment required: \$ _____	
Amount you will invest: \$ _____	
Number of jobs you will create/maintain: _____	
Your role in the proposed business	

You must submit a business plan. For more information, refer to Application Guide.

12. 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

13. 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

14. 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

15. If you answered Yes to 12, 13, and/or 14, provide details in the space below

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16. Complete the following information for relatives living in Canada

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

17. Reasons for current or previous stays in Canada

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

18. Assistance in completing your application

Did you have help preparing your BC PNP immigration application? ☐ No

☐ Yes ► If yes, who provided this assistance?

Member of the Immigration Consultants of Canada Regulatory Council (ICCRC)

Member of a Canadian Provincial/Territorial Law Society

Sponsor

Other

Name of person	E-mail address

If you received assistance from an immigration consultant or lawyer, you must submit an Authorized Representative Form

19. How did you learn about the Provincial Nominee Program? *Check the applicable boxes.*

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

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Declaration

- I confirm that the information I have provided for this Application is to be the best of my knowledge true, correct, and complete.
- 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 and, if applicable, my nomination for permanent residence.
- I understand that information provided in this form may be used for purposes of evaluating the Provincial Nominee Program.
- 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)