

# Manitoba Provincial Nominee Program Generic Application Form - Business



Applicant Identification & Contact Details			
<b>Full Name:</b>			<b>Date of Birth :</b> <span style="float: right;">yyyy/mm/dd</span>
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
<b>Please provide your contact information below. Do not include the contact information of your representative.</b>			
<b>Residential Address:</b>			
<i>Street Number, Street Name</i>		<i>Apartment/Unit #</i>	
<i>City/ Town</i>	<i>Province/State</i>	<i>Country</i>	<i>Postal Code</i>
<b>Home Phone:</b> ( )		<b>Cell Phone:</b> ( )	
<b>Email:</b>	<b>Personal Web Page:</b>	<b>Fax :</b> ( )	
<b>Mailing Address (Same as Residential Address?)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
If NO, provide Mailing Address. Do not use mailing address of your representative			
<i>Street Number, Street Name</i>		<i>Apartment/Unit #</i>	
<i>City/ Town</i>	<i>Province/State</i>	<i>Country</i>	<i>Postal Code</i>
<b>Alternate Phone No:</b> ( )		<b>Alternate Phone No:</b> ( )	
Canadian Immigration Application History			
<b>Please include information concerning all previous immigration applications (including a Certificat de sélection du Québec (CSQ – Québec Selection Certificate) or an application to the Provincial Nominee Program) made by you and your spouse or common-law partner.</b>			
Have you or your spouse applied to a Canadian immigration program before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Name of Applicant:</b>		<b>Name of Immigration Program:</b>	
<b>File Number:</b>		<b>Proposed Destination:</b>	
<b>Status/Decision:</b>		<b>Date of Decision:</b> <span style="float: right;">yyyy/mm/dd</span>	
Exploratory Visit to Canada / Manitoba			
<b>Have you visited Canada?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>From:</b> <span style="float: right;">yyyy/mm/dd</span>	<b>To:</b> <span style="float: right;">yyyy/mm/dd</span>
<b>Have you visited Manitoba?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>From:</b> <span style="float: right;">yyyy/mm/dd</span>	<b>To:</b> <span style="float: right;">yyyy/mm/dd</span>

**Experience in Business Management / Ownership**

Please enclose a separate sheet for each business experience within the last 15 years starting with the most recent business that you have owned or managed.

**Registered Business Name:**

Specify entire period of your involvement in this business	From: yyyy/mm/dd	To: yyyy/mm/dd
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Are you currently an owner or senior manager of this business?  Owner  Senior Manager

Specify period of your involvement in this business as an owner or senior manager	From: yyyy/mm/dd	To: yyyy/mm/dd
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If you are/were a senior manager, identify your position:

Identify type of ownership: (Eg. Corporation; Limited Company; Partnership, Sole Ownership, etc.):

Identify the percentage of ownership in this business:      % Date of acquisition of this percentage of ownership:	yyyy/mm/dd
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**Business Performance:**

Complete this table for the last 3 years beginning with the current year:

Year	Turnover or Revenue	Net Profit	# of Employees	Assets	Liabilities

Describe the nature and main activities of this business:

Describe your duties and responsibilities (administration, human resources, financial management, etc):

Provide complete address and contact details of business including website address, if applicable:

If you are a senior manager responsible for multiple branches or you own this business and it has multiple locations (for e.g. a retail outlet and a warehouse), please provide address, phone number, fax, e-mail of all locations. You may add additional sheets to this form, if required.

### Relatives in Canada

Please include details of all relatives that have legal status in Canada including those who do not currently reside in Canada.

<b>Full Name of Relative:</b>	<b>Relationship:</b>
<b>Home Phone:</b> ( )	<b>Cell Phone:</b> ( )
<b>Current Address:</b>	
<b>Length of Residence:</b>	
<b>Please include details of relative's status in Canada:</b>	
<b>Permanent Residence</b> <input type="checkbox"/>	<b>Date of Permanent Residence Status:</b> yyyy/mm/dd
<b>Canadian Citizen</b> <input type="checkbox"/>	<b>Date of Canadian Citizen Status:</b> yyyy/mm/dd
<b>Other</b> <input type="checkbox"/> <b>If Other, Specify:</b>	<b>Date of Entry into Canada:</b> yyyy/mm/dd

### Employment in Canada

Have you or your spouse or common-law partner ever worked in Canada? Yes  No

<b>Principal Applicant</b> <input type="checkbox"/> <b>Spouse</b> <input type="checkbox"/>	<b>From:</b> yyyy/mm/dd	<b>To:</b> yyyy/mm/dd
<b>Name of Employer:</b>	<b>Phone:</b> ( )	
<b>Job Title:</b>	<b>Supervisor:</b>	
<b>Address of Employer:</b>		
<b>Duties and Responsibilities:</b>		

### Language Ability

If applicable, you or your spouse or common-law partner is required to submit Official Language Test results with MPNP-B application.

<b>Principal Applicant</b>	<b>Date of Test:</b> yyyy/mm/dd			
International English Language Testing System (IELTS)- General Training:	L	R	W	S
Canadian English Language Proficiency Index Program (CELPIP-General):	L	R	W	S
Test d'Evaluation de Français (TEF) :				
<b>Spouse</b>	<b>Date of Test:</b> yyyy/mm/dd			
International English Language Testing System (IELTS)- General Training:	L	R	W	S
Canadian English Language Proficiency Index Program (CELPIP-General):	L	R	W	S
Test d'Evaluation de Français (TEF) :	L	R	W	S

**\*Note: L - Listening, R - Reading, W - Writing, S - Speaking**

**Education in Canada**

Have you or your spouse or common-law partner ever studied in Canada? Yes  No

Principal Applicant  Spouse

Name of school/ College/ University:	Program Completed / Enrolled in:	From:	To:
		yyyy/mm/dd	yyyy/mm/dd
		yyyy/mm/dd	yyyy/mm/dd

**Child's Education in Canada**

Has your child been enrolled in an accredited Canadian Educational Institution on a full-time basis? Yes  No

Name of Child:

Current Address:

Email: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Name of school/ College/ University:	Program Completed / Enrolled in:	From:	To:
		yyyy/mm/dd	yyyy/mm/dd
		yyyy/mm/dd	yyyy/mm/dd

**Disclaimer and Signature**

I declare that the information I have given in this application is truthful, complete and correct. I understand that material misrepresentation of a relevant fact may be grounds for refusal or revocation of a nomination certificate. If the Program becomes aware of or discovers discrepancies, such as false submissions, omissions, etc. of a relevant and material nature in an application or other applicant-provided information, the application may be declined, even when such misrepresentations are made by a representative of the applicant rather than the applicant themselves.

I intend to live in Manitoba on a permanent basis along with my dependent family members. I intend to invest not less than \$150,000 CAD from my own sources, in a business in Manitoba and intend to manage this business on a day-to-day basis.

I agree to provide the Business Immigration and Investment Branch (BIIB) with my address and telephone number within 30 days after my first arrival in Canada as a Permanent Resident. I also agree to inform the BIIB of changes to my address or phone number on a regular basis for the next two years.

I certify that I reviewed all the documents and information submitted with my application to the MPNP-B program. I understand that I am responsible for the accuracy and veracity of the documents and information submitted with my application. This is also true for any information or documents provided by my representative on my behalf.

I understand all the foregoing statements. I have asked for and obtained an explanation on every point which was not clear to me.

Name of Applicant:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_