



Office of Immigration  
Office de l'immigration

For Office of Immigration Use Only

NSNP ID #:

Date:

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## Nova Scotia Nominee Program Registration for Residency Refund - Form NSNP 70

This form should be completed and signed by the Economic stream nominee (Principal Applicant) and submitted to the Nova Scotia Office of Immigration (NSOI) within 12 months of date of landing in Canada.

|   |   |   |
|---|---|---|
| <i>Name of Nominee</i>  |   | <i>Nominee ID#</i>  |
| <i>Date of Landing in Canada</i>  | <i>Date of Arrival in Nova Scotia</i>   |   |
| <i>Residential Address (Notify NSOI if this address changes)</i>                                      |   | <i>This address is (check one):</i><br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Permanent |
| <i>City/Town</i>  | <i>Postal Code</i>  |   |
| <i>Telephone numbers</i>  | <i>Email address</i>  |   |
| The phone numbers above are<br><input type="checkbox"/> My own<br><input type="checkbox"/> Not my own | If you chose "Not my own" number, provide the name of the account holder and their relationship to you, e.g., family, friend, agent, etc. |   |

### Selection of Residency Refund Option

I confirm that I want to participate in the Residency Refund Option of the Nova Scotia Nominee Program.

I have read and understand the terms and conditions of the Residency Refund Option as outlined in the NSNP Fact Sheet: Residency Refund Option for Economic Stream Nominees.

I understand that in order to participate in the Residency Refund Option, I am required to waive my entitlement to participate in the Business Mentor Program.

**Waiver**

- I understand that by signing this waiver, I am waiving my entitlement to participate in the Business Mentor Program. I understand that this waiver cannot be revoked.
- I understand that I am giving up all the benefits associated with the Business Mentor Program. This means that I will not be matched with a Nova Scotia Business Mentor; I will not be offered employment by a Business Mentor; and I will not receive any other benefits that I may have received by choosing to participate in the Business Mentor Program.
- After signing this waiver, I cannot change my mind and choose to participate in the Business Mentor Program at a later time.
- I agree that I have read this waiver and understand it.
- I have had the opportunity to get independent legal counsel if I so desired it before signing this waiver.

**Signature**

***Name of Nominee [Family name, given name(s)]***

*Please print clearly*

***Signature***

***Date (dd/mm/yy)***

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☐

**Approved**

☐

**Not approved**

***Signature of Review Officer***

***Date (dd/mm/yy)***

***Signature of Director of Programs***

***Date (dd/mm/yy)***