



Form NTNP-06

Northwest Territories' Nominee Program

**BUSINESS STREAM NOMINEE
APPLICATION FEE PAYMENT**

OFFICE USE ONLY	
File #:	_____
Date Received for Assessment by NTNP YY/MM/DD	____ / ____ / ____

The personal information provided on this form is collected under the authority of the *Immigration and Refugee Protection Act* (S.C.2001, c.27) and managed in accordance with the *Access to Information and Protection of Privacy Act* (S.N.W.T. 1994, c.20).

The information will be used for the purpose of administering the Northwest Territories Nominee Program (NTNP).

If you have any questions about the collection of personal information, please contact Northwest Territories Nominee Program (NTNP) at 1-855-440-5450 or by e-mail at immigration@gov.nt.ca. (Confirmation of receipt of Payment must be confirmed by the NTNP prior to your interview.)

1. Personal Information

Last Name (family name):		Given Name(s):			
Residential Address (Do not use a third party address):		City/Town:	Province/Territory:	Country:	Postal Code:
Mailing Address (if different from above):		City/Town:	Province/Territory:	Country:	Postal Code:
Telephone Number : ()	Cellular Number: ()	Email Address:			

2. Method of Payment – Electronic Wire Transfer (Required Banking Information Below)

Account Name:	Bank Name:	Account Holder:
Yellowknife Consolidated Revenue	Royal Bank of Canada, Yellowknife Branch	Government of the Northwest Territories
Account Number: 000-101-6	Address: #1, 4920 – 52 nd Avenue	Department: Finance – Treasury
Transit Number: 09879	City: Yellowknife	Address: 4922 – 48 th Street, 3 rd Floor, YK Centre
Bank Number: 003	Province/Territory: NT	City: Yellowknife
ABA Routing Number: 021000021	Postal Code: X1A 3T1	Province/Territory: NT
SWIFT Code: ROYCCAT2		Postal Code: X1A 1N2

3. Authorization (must be signed)

I agree to pay the Government of the Northwest Territories, CAD \$2,800.00 related to my application for permanent residence through the Northwest Territories Nominee Program.

Applicant's Signature	Date - YY/MM/DD	Name of Payer (if different from the principal applicant)
Current Residential Address of Payer (if different from the principal applicant) Street:		
Province/Territory:	Postal Code:	Country: