Government of
Northwest Territories

Form NTNP-07

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

Northwest Territories' Nominee Program

BUSINESS STREAM NOMINEE ENTREPRENEUR DEPOSIT FORM

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: Yellowknife Consolidated Revenue	**Bank Name: Royal Bank of Canada, Yellowknife Branch**	**Account Holder: Government of the Northwest Territories**
Account Number: 000-101-6	Address: #1, 4920 – 52nd Avenue	Department: Finance – Treasury
Transit Number: 09879	City: Yellowknife	Address: 4922 – 48th Street, 3rd 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 provide to the Department of Industry, Tourism and Investment a good faith deposit of CAD $75,000 to be held in a trust and released upon satisfactory execution of the terms of the Business Performance Agreement, as 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: S