

Northwest Territories' Nominee Program

Personal Information

BUSINESS STREAM ARRIVAL REPORT FORM

Form NTNP-08

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

Complete all sections of this form. If you require additional space to provide a complete answer, attach additional sheets as necessary with reference to the question along with additional information provided.

You are required to attach proof that the Required Eligible Investment (CAD Funds) has been transferred to a bank account in the Northwest Territories to make the required eligible investment in the business and/or where funds have been spent, consistent with the business plan and business performance agreement, documented proof must be submitted.

You must complete the Arrival Report Form and submit it within two months of the date that appears as the "date signed" on the Government of Canada temporary work permit issued, by mail or e-mail.

Trade and Business Immigration Unit
Business Support, Trade and Economic Analysis
Industry, Tourism and Investment, Government of the Northwest Territories
P.O. Box 1320, Yellowknife, NT X1A 2L9
Email: immigration@gov.nt.ca

1. Personal initormation				
Last Name (family name):	Given Name(s):			
Residential Address in NWT (Do not use party address):	a third City/Town:	Province/Territory:	Country:	Postal Code:
Mailing Address in NWT (if different from a	above): City/Town:	Province/Territory:	Country:	Postal Code:
Telephone Number : Ce	ellular Number:)	Email Addr	ess:	
2. Work Permit Information	(attach photocopy of \	Work Permit):		
Vork Permit Client ID Number: Work Permit Date Sig		igned (yyyy/mm/dd):	Work Permit Valid	Until (yyyy/mm/dd):
3a. Accompanying Depende	ents			
List the dependent family members	that accompanied you to	Canada (attach photoc	opy of Work Permit	, Study Permit, etc).
Dependent:	Type of Permit:		Expiry Date:	

3b. Accompanying Dependen	ts	
-	at will arrive in Canada at a later date (if nts' work permit and/or study permit up	
Name (Family name, Given Names):	Relationship to Applicant:	Expected Arrival Date:
4. Checklist		
You must submit all applicable supporti	ng documentation identified in the check	dist below:
Photocopy of Work Permit		
Proof of Funds Documentation (must	be from a Canadian Financial Institution)	
Photocopies of Dependent's Work Pe	rmit or Study Permit	
5. Declaration and Consent		
The information I have given in, or attach	ed to, this application is truthful, complete	and correct.
		information, may result in the Government of the
Northwest Territories declining my applic other penalties as set out in the NTNP Ap		ncellation of my nomination (if applicable) and any
		he Government of the Northwest Territories
		from me and from third parties (including ation, for the purposes outlined in Access to
Information and Protection of Privacy Act	t, including for administering the NTNP, ass	essment of individual applications under the NTNP,
	otherwise authorized under any other app	•
·		d to, my authorized representative, current and stitutions, financial institutions, government or
quasi-government agencies, and law enfo	•	
	provide my authorization and consent as f	ollows: ories may also use and disclose, both inside and
outside of Canada, personal information		ents that it has collected in relation to my NTNP
application for the purpose of:	us (athor than the Immigration and Define	and Duntaction Act (Conside), and
5 1	ws (other than the Immigration and Refuge	rmitting other provinces and territories to evaluate
applications to that province or territor	ries nominee program, verifying information	on provided by me in an application to that
	nistering the nominee program of that pro	vince. bout me from third parties for the purposes listed
in section 1 above.	ntories may concer personal information a	bout the from third parties for the purposes listed
3. This authorization and consent will not	expire.	
I understand I have read and understood and have obtained explanations on any p		usiness Stream and all of the above statements,
X		
73		1 1

Date - YY/MM/DD

Signature of Applicant