



Form NTNP-10

Northwest Territories' Nominee Program

# BUSINESS PERFORMANCE AGREEMENT INTERIM REPORT

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

### Reporting Period:

0 to 6 months

6 to 12 months

12 to 18 months

18 to 24 months

## 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:

List of dependents currently residing with you in the Northwest Territories:

## 2. List all out-of-territory travel since arriving in the NWT on your NTNP-supported Work Permit:

Destination City	Destination Country	From YY/MM/DD	To YY/MM/DD	Purpose of travel
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

Please attach proof of residency that demonstrates your activity in the NWT during your reporting period (ie. bank and credit card statements). NTNP Business Stream program guidelines require all applicants reside in the NWT for at least 75% of the time while on a temporary work permit.

Proof of NWT residency

### 3. Business Information

Have you purchased, established or made a substantial investment in a business in the Northwest Territories as stated under the provisions of your Business Performance Agreement?     NO     YES

If you answered yes to the above question, list investments made below in Canadian dollars:

Investment Item	BPA	Actual Investment
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total Eligible Personal Investment to Date</b>	\$	\$

If you answered no to the above question, what is your anticipated first day of operations?    YY/MM/DD    /    /

Business Name : \_\_\_\_\_ % of Ownership : \_\_\_\_\_

Business Address : \_\_\_\_\_

Telephone Number : \_\_\_\_\_ Business E-mail Address : \_\_\_\_\_  
 (       )

Additional Information : \_\_\_\_\_

Have you participated actively and on an ongoing basis in the management of day-to-day operations, as required by your BPA?  
 NO     YES

If Yes:

a) What is your position title? \_\_\_\_\_

b) How many hours per week do you spend managing the business? \_\_\_\_\_

c) Describe the management activities you perform:

If you answered no to the above question, please explain below:

## 4. Checklist

**You must submit all applicable supporting documents identified in the checklist below:**

- Copy of the NWT Business License (applicant should be listed as owner)
- Copy of the Registration Certificate of the business
- Copy of the Employment Standards Verification (NTNP-09)
- Copy of the Workers' Safety and Compensation Commission (WSCC) Registration
- Copy of Payroll Tax Registration from the Department of Finance
- Proof of ownership structure (incorporated business)

## 5. Job Creation

Since you purchased, established or made a substantial investment in a business as stated under the provisions of your BPA with the Government of the Northwest Territories, have you created employment for a Canadian citizen or permanent resident?

NO       YES

If "No", please explain why:

If "Yes": list the names, contact information, current salaries, the date employment began, the date employment ended (if applicable), the hours worked per week, etc. (Please include a separate piece of paper to list additional employees and/or information if required).

Employee Name:		Job Title:		
Employee Phone Number:		Employee Email Address:		
Start Date - YY/MM/DD / /	End Date - YY/MM/DD / /	Salary / Wage:	Hours per week:	Employee schedule:

Employee Duties:

Employee Name:		Job Title:		
Employee Phone Number:		Employee Email Address:		
Start Date - YY/MM/DD / /	End Date - YY/MM/DD / /	Salary / Wage:	Hours per week:	Employee schedule:

Employee Duties:

**Other relevant information on progress thus far:**

**X**

\_\_\_\_\_  
Signature of Principal Applicant

\_\_\_\_\_  
Date - YY/MM/DD

## 5. DECLARATION AND CONSENT

The information I have given in, or attached to, this application is truthful, complete and correct.

I understand that any misrepresentations, false statements and/or concealment of information, may result in the Government of the Northwest Territories declining my application, forfeiture of the application fee, cancellation of my nomination (if applicable) and any other penalties as set out in the NTNP Application Guidelines: Business Stream.

I understand that, in relation to the information given in, or attached to, this form, the Government of the Northwest Territories may collect personal information about me and (if applicable) my dependents, both from me and from third parties (including my authorized representative), and may also use and disclose such personal information, for the purposes outlined in Access to Information and Protection of Privacy Act, including for administering the NTNP, assessment of individual applications under the NTNP, monitoring or evaluating the NTNP or as otherwise authorized under any other applicable legislation.

I understand that the third parties referred to above may include, but are not limited to, my authorized representative, current and former employers, professional organizations, industry associations, educational institutions, financial institutions, government or quasi-government agencies, and law enforcement agencies.

Effective on the date I submit this form, I provide my authorization and consent as follows:

1. In addition to the purposes listed above, the Government of the Northwest Territories may also use and disclose, both inside and outside of Canada, personal information about me and (if applicable) my dependents that it has collected in relation to my NTNP application for the purpose of:
  - a. Ensuring compliance with applicable laws (other than the Immigration and Refugees Protection Act (Canada)); and
  - b. Cooperating with other provinces for the purpose of evaluating the NTNP and permitting other provinces and territories to evaluate applications to that province or territories nominee program, verifying information provided by me in an application to that provinces nominee program, and administering the nominee program of that province.
2. The Government of the Northwest Territories may collect personal information about me from third parties for the purposes listed in section 1 above.
3. This authorization and consent will not expire.

I understand I have read and understood the NTNP Application Guidelines for the Business Stream and all of the above statements, and have obtained explanations on any points that were not clear to me.

**X**

\_\_\_\_\_  
Signature of Principal Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date - YY/MM/DD

*Once you have completed and signed your NTNP Business Performance interim report, please return it to the Trade and Business Immigration Unit of the Department of Industry, Tourism and Investment.*

### OFFICE USE ONLY (do not complete anything below this line)

Is nominee candidate meeting their business performance agreement commitments thus far?  NO  YES

If 'No', why?

Is the actual business undertaken consistent with the commitments in the business performance agreement?  NO  YES

If 'No', why?

Is a site visit recommended at this time?  NO  YES

Provide reasons for yes or no:

Additional information on communication with nominee candidate since their arrival in the NWT: