



Form NTNP-11

Northwest Territories' Nominee Program

**BUSINESS STREAM
FINAL REPORT**

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

You must complete this Final Report and submit it to the Trade and Business Immigration Unit during the nineteenth (19th) month from the date signed on your Business Stream Arrival Report Form, unless otherwise agreed by the Government of the Northwest Territories.

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

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. Business Information

Registered Company Name:		Operating As:		Company Website:	
Business Address (Street):		City/Town:	Province/Territory:	Country:	Postal Code:
Mailing Address (if different from above):		City/Town:	Province/Territory:	Country:	Postal Code:
Telephone Number : ()	Email Address:		NAICS of Business (5-digits):		
Business Commencement Date/Date of ownership transfer (if purchase of existing) - YY/MM/DD: / /		Business Hours:		Number of Full Time Equivalent Employees:	
Did you purchase an existing business in the NWT: <input type="radio"/> NO <input type="radio"/> YES		Identify the type of ownership: <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation			
Ownership Breakdown:					
Name:				% of Ownership:	

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Name:	
Physical description of the business site (zone, land area, floor space, etc.):	
Description of major equipment and machinery purchased:	
Description of products or services:	
Description of inventory by type (i.e. finalized products, raw materials):	
List of major business customers and their contact information:	
List of major suppliers and their contact information:	
Describe your business outlook:	

3. Your Role in the Business

Job Title:	NOC of Position (4 digits):	On average, how many hours per week do you spend managing the business? :
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5. Job Creation/Maintenance:

List of employees and their job titles duties, contact information, pay and weekly work hours (they must be employed for more than six months at the time of documentation submission). **Please include a separate piece of paper to list additional employees and/or information if required.**

Employee 1:

New Position Maintained Position

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 2:

New Position Maintained Position

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 3:

New Position Maintained Position

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:				

6. Out-of-Territory Travel

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 residency

7. Language Requirement

In order to fulfill the BPA, all applicants must demonstrate that they have achieved a level of proficiency 4 against the Canadian Language Benchmark in English (CLB4) or again the Niveaus de compétence linguistique Canadiens (NCLC) in French.

Which test did you complete?

IELTS

CELP

TEF (French)

When did you complete the required language testing (dd/mm/yyyy): ____ / ____ / ____

Results for each category:

Speaking: _____

Writing: _____

Reading: _____

Listening: _____

Please attach certified true copy of language test results to this final report.

If you have any questions about the collection, use and disclosure of the information given in or attached to this form, contact the NTNP by telephone 1-855-440-5450, or by email at immigration@gov.nt.ca.

8. 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