Request for Refund

Brunswick

NBPNP Refundable Deposit Program

To be completed by the Applicant.

PRINCIPAL APPLICANT PERSONAL INFORMATION

Principal Applicant Name (Last, F	irst, Middle)	
Date of birth (dd /mm /yyyy)	PNP #	Date of landing (dd /mm /yyyy)
Current residential address, incl	uding postal code (Do not use a third	party address)
() Telephone (daytime)	()	Email
Telephone (daytime)	Telephone (evening)	Email
Attended Business Immigrant Me	ntorship Program (BIMP) □From (mn	n/yy)to (mm/yy)
	REFUND AMOUNT BEING REQU	JESTED
Partial Refund	l (\$30,000)	ll Refund (\$75,000)
partial or full deposit refund rec qualify and apply for the remair	quest. Please note that if you are ap ning balance of the conditionally re	plying for a partial refund, you must fundable deposit as soon as you reacl
partial or full deposit refund rec qualify and apply for the remair	quest. Please note that if you are ap ning balance of the conditionally re	pplying for a partial refund, you must fundable deposit as soon as you reacl etain the \$45,000.00 remaining balance
partial or full deposit refund rec qualify and apply for the remair	quest. Please note that if you are ap ning balance of the conditionally re Otherwise, PGD will be entitled to re	pplying for a partial refund, you must fundable deposit as soon as you reach etain the \$45,000.00 remaining balance
qualify and apply for the remain	quest. Please note that if you are ap ning balance of the conditionally re Otherwise, PGD will be entitled to re	pplying for a partial refund, you must fundable deposit as soon as you reach etain the \$45,000.00 remaining balance
partial or full deposit refund red qualify and apply for the remain 1 year of business operations.	quest. Please note that if you are ap ning balance of the conditionally re Otherwise, PGD will be entitled to re	pplying for a partial refund, you must fundable deposit as soon as you reach etain the \$45,000.00 remaining balance
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partial or full deposit refund red qualify and apply for the remain 1 year of business operations.	quest. Please note that if you are ap ning balance of the conditionally ref Otherwise, PGD will be entitled to re BUSINESS INFORMATIO	polying for a partial refund, you must fundable deposit as soon as you reach etain the \$45,000.00 remaining balance N Corporate Reference Number

*If the original Business Plan was changed, you must provide a copy of the approval for change of Business Plan.

Investment means eligible expenses to establish and actively manage a business in New Brunswick.

Eligible expenses are:

- Purchase of land and/or building for business purposes. Appropriate zoning must be in place.
- Expenses for business property or leasehold improvements.
- Moving costs for devices, equipment and goods required for business operation.
- Purchase of manufacturing equipment.
- Purchase of raw materials, components and/or supplies.
- Purchase of tools and devices required to conduct business activity.
- Purchase of furniture and equipment required to operate a business in the hospitality sector.
- Purchase of a vehicle that is primarily used for business purposes. The amount must be pro-rated to reflect actual business use and a log similar to that used for income tax purposes is required.
- Purchase of office equipment, computers and similar equipment.
- Expenses for professional services in connection with establishing the business.
- Expenses for marketing and promotions.
- Purchase of initial inventory.
- Intellectual property.

In the table below, list each of your expenses that make up your full investment. Please indicate the number on each receipt and attach them in the same order. You can add more pages if necessary.

#	Eligible Expenses	Amount including HST (CAD)	Amount excluding HST (CAD)	For Officer Verification
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
	Total			

Please gather your documents in the order of the checklist and check \checkmark each item. Do not submit originals unless otherwise stated. If your documents are not in English or French, please add explanatory translated notes. Incomplete applications will be returned.

1. PROOF OF PERMANENT RESIDENCE STATUS	Ø	N/A	VERIFIED BY OFFICER- INTERNAL USE ONLY
Copy of PR Card (both sides)			
2. PROOF OF RESIDENCY IN NEW BRUNSWICK		N/A	VERIFIED BY OFFICER- INTERNAL USE ONLY
Copy of passport (every stamped page)			
Driver's license and/or recent utility bill, mortgage/residential lease			
3. PROOF OF BUSINESS ESTABLISHMENT	Q	N/A	VERIFIED BY OFFICER- INTERNAL USE ONLY
Business license (if applicable)			
Business name registration			
Certificate of incorporation			
CRA business registration			
Partnership agreement/ Franchise agreement (if applicable)			
Zoning certificate			
Photographs of business			
4. PROOF OF INVESTMENT MADE	ত	N/A	VERIFIED BY OFFICER- INTERNAL USE ONLY
Sale / purchase agreement (if applicable)			
Purchase of land and/or building for business purposes (if applicable)			
Statement of adjustments and disbursement (prepared by lawyer) (if applicable)			
 Purchase of a vehicle that is primarily used for business purposes (If applicable) You must fill out the vehicle log attached to this form 			
Evidence of expenses: Please label each item /expense claimed by type of investment (i.e, equipment, tools, furniture, inventory, etc. Please refer to the list of eligible expenses in page 2). Any document that is not in English or French must be accompanied by a translation.			
You must include the proof of payment for each item (i.e. receipts, cheque, invoices, bank draft) and bank statements highlighting the payment amounts.			
Mortgages/loans (if applicable)			
5. PROOF OF ACTIVE ROLE IN BUSINESS	Ø	N/A	VERIFIED BY OFFICER- INTERNAL USE ONLY

Business bank accounts			
Business contracts			
Payroll documents (if applicable)			
Cheques signed by applicant			
Corporate income tax assessment-Mandatory for Full Refund			
Financial statements (for first year of business operations) - Mandatory for Full Refund			
6. PROOF OF SOURCE OF FUNDS			VERIFIED BY
0. FROOF OF SOURCE OF FONDS	Ø	N/A	OFFICER- INTERNAL USE ONLY
Proof of transfer of funds from home country (transfer receipts)	☑ 	N/A	INTERNAL USE
		N/A	INTERNAL USE

SIGNATURE

I, the undersigned, acknowledge that the information presented in this form and the attached supporting documentation is a true and accurate representation of my business activities

Date

VEHICLE FOR BUSINESS USE

Name of Vehicle:

Date (mm/dd/yyyy)	Name of Driver	Starting Location	Destination	Distance traveled (km)	Expenses Incurred	Purpose of Trip & Results	Support Documents & Receipts
Total				0	0.00		

(You can insert more lines above "Total" if not enough.)