

Request for Refund of Remaining Balance

NBPNP Refundable Deposit Program



To be completed by the Applicant who has received a partial refund and requests the remaining balance of the Conditionally Refundable Deposit

PRINCIPAL APPLICANT PERSONAL INFORMATION

Principal Applicant Name (Last, First, Middle) _____

_____ PNP # _____
Date of birth (dd /mm /yyyy) _____ Date of landing (dd /mm /yyyy) _____

Current **residential address**, including postal code (Do not use a third party address) _____

(____) _____ (____) _____ _____
Telephone (daytime) Telephone (evening) Email

Attended Business Immigrant Mentorship Program (BIMP) From (mm/yy) _____ to (mm/yy) _____

REFUND AMOUNT BEING REQUESTED

Remaining Balance (\$45,000)

Before submitting your request, please refer to the Deposit Agreement and verify eligibility criteria for partial or full deposit refund request. Please note that if you have received a partial refund, you must qualify and apply for the remaining balance of the conditionally refundable deposit as soon as you reach 1 year of business operations. Otherwise, PGD will be entitled to retain the \$45,000.00 remaining balance.

BUSINESS INFORMATION

_____ Corporate Reference Number
Name of Business

_____ Business Address

(____) _____ _____
Business Phone Number Business e-mail address Business Website

_____ Business Opening Date
Industry/Sector

_____ Total Investment in eligible expenses
Number of employees
(Not including Principal Applicant and Family Members)

INVESTMENT INFORMATION

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 (not less than \$125,000 CAD). 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				
	Total			

Checklist of supporting documentation

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

1. POOF THAT A MINIMUM \$125,000 CAD BUSINESS INVESTMENT HAS BEEN MADE	<input checked="" type="checkbox"/>	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) <ul style="list-style-type: none"> • 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, and bank draft) and bank statements highlighting the payment amounts.			
Mortgages/loans (if applicable)			
2. PROOF OF ACTIVE ROLE IN BUSINESS	<input checked="" type="checkbox"/>	N/A	VERIFIED BY OFFICER-INTERNAL USE ONLY
Renewal of Business license/permits (if applicable)			
Last 6 months of business bank accounts			
Recent business contracts			
Last 6 months of payroll documents (if applicable)			
Last 6 months cheques signed by applicant			
Corporate income tax assessment			
Financial statements (for first year of business operations)			
Photographs of business			

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

Principal Applicant

Date

