

# Nova Scotia Nominee Program: International Graduate Entrepreneur Stream NSNP 500 – Application Form for the Principal Applicant



Refer to the appropriate Nova Scotia Nominee Program Application Guide for the stream to which you are applying. **Ensure that all documents requested in the Application Guide Document Checklist are included with your application.** Incomplete applications will not be processed.

## Section A – Personal Information

Give your family name and given names exactly as they appear on your passport or travel document.

Family name: \_\_\_\_\_

Given name: \_\_\_\_\_

Have you ever used any other name such as a maiden name, alias or nickname)?  Yes  No

Other family name(s): \_\_\_\_\_

Other given name(s): \_\_\_\_\_

Sex:  Male  Female

Date of birth (dd/mm/year): \_\_\_\_\_

Country of birth: \_\_\_\_\_

Current Citizenship(s): \_\_\_\_\_

In which country do you live now? \_\_\_\_\_

If you currently live in Canada, what is your status?

Worker  Student  Visitor

Expiry date of your work permit, study permit or visitor record:

(dd/mm/year): \_\_\_\_\_

If your permit or visa has expired or is about to expire, when did you apply for a new one?

(dd/mm/year): \_\_\_\_\_  Not applicable

### PASSPORT or TRAVEL DOCUMENT:

Give information exactly as it appears on your travel document:

Do you have a valid passport or travel document?  Yes  No

Passport or travel document number: \_\_\_\_\_

Issuing Country: \_\_\_\_\_ Expiry date (dd/mm/year): \_\_\_\_\_

**CONTACT INFORMATION** (Do not give contact information for a consultant or lawyer who is representing you.):

**Email address:** \_\_\_\_\_

(By giving an email address, you are agreeing to allow the Nova Scotia Office of Immigration to send information about you and your dependents to this email address)

**Telephone number(s):**

Give the country code, area code if you have one, and telephone number where it is easiest to reach you.

\_\_\_\_\_  
*Mobile Number*

\_\_\_\_\_  
*Home Number*

\_\_\_\_\_  
*Work Number*

**Mailing Address**

\_\_\_\_\_  
*street address* *city, town or village*

\_\_\_\_\_  
*province, state or district* *country* *postal code*

**Residential Address**

Is your home address the same as your mailing address?

Yes  No

If no:

\_\_\_\_\_  
*street address* *city, town or village*

\_\_\_\_\_  
*province, state or district* *country* *postal code*



## MARITAL STATUS

What is your current marital status?

- Single       Married       Common-law  
 Legally separated       Divorced       Widowed       Other

If you are married or in a common-law relationship, provide the date (dd/mm/year) on which you were married or entered into the common-law relationship: \_\_\_\_\_

## DETAILS OF FAMILY MEMBERS

You must give information about each member of your family if they are not already permanent residents or citizens of Canada. You must give this information even if your family members are not coming with you to Nova Scotia. Give all names exactly as they appear on passports or travel documents. Members of your family that must be included are:

- your spouse or common-law partner
- all of your dependent<sup>1</sup> children
- all of the dependent children of your spouse or common-law partner

	Spouse or Common-law Partner	Family Member	Family Member
Family name (as on passport or travel document):			
Given name (as on passport or travel document):			
Date of birth (dd/mm/year)			
Country of birth			
Country of citizenship			
Country of residence			
Sex			
What is this person's relationship to you?			
Will this person come with you to Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Passport/Travel Document</b> document number			
Issuing country			
Expiry date (dd/mm/year)			
Native language/Mother tongue			
Highest level of education			

<sup>1</sup> A dependent is a child who depends on their parent for financial and other support. A son or daughter is considered a dependent of their parent when the child is:

~ under 19 years old, and does not have a spouse or partner, or

~ 19 years old and over, and has depended largely on the parent's financial support since before the age of 19 due to a physical or mental condition

**DETAILS OF FAMILY MEMBERS (Continued)**

You must give information about each member of your family if they are not already permanent residents or citizens of Canada. You must give this information even if your family members are not coming with you to Nova Scotia. Give all names exactly as they appear on passports or travel documents. Members of your family that must be included are:

- your spouse or common-law partner
- all of your dependent children
- all of the dependent children of your spouse or common-law partner

	Family Member	Family Member	Family Member
Family name (as on passport or travel document):			
Given name (as on passport or travel document):			
Date of birth (dd/mm/year)			
Country of birth			
Country of citizenship			
Country of residence			
Sex			
What is this person's relationship to you?			
Will this person come with you to Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Passport/Travel Document</b> document number			
Issuing country			
Expiry date (dd/mm/year)			
Native language/Mother tongue			



Do you have 3 or more years of work experience in the last 10 years at the National Occupational Classification (NOC) Level 2011 Skill Type 0, or Level A or Level B?

Yes       No

If yes to the question above, please provide reference letters from all employers for the past 10 years where NOC 2011 Skill Type 0, or Level A or Level B work experience is being claimed.

### Section C – Application History:

#### Federal Application

Have you or a family member coming with you, ever applied to Citizenship and Immigration Canada for admission as a permanent resident or refugee claimant?

Yes       No

If yes, complete the following:

Applicant's full name: \_\_\_\_\_  
*Family name, Given name*

Citizenship and Immigration Canada file number: \_\_\_\_\_

Date of application (dd/mm/year): \_\_\_\_\_

Result (*in-process, approved, refused, rescinded, withdrawn*): \_\_\_\_\_

Where in Canada had you planned to live? \_\_\_\_\_

Has the applicant or a family member accompanying the applicant ever been refused a work permit, visitor visa, or been refused entry to Canada?       Yes       No

**If yes, please include a copy of the Refusal Letter with this application.**

#### Provincial Application

Have you or a family member coming with you ever applied for provincial nomination or permanent residence under any other provincial or territorial program?

Yes       No

If yes, complete the following:

Applicant's full name: \_\_\_\_\_  
*Family name, Given name*

Province or territory of application: \_\_\_\_\_

File number: \_\_\_\_\_      Date of application (dd/mm/year): \_\_\_\_\_

Result (*in-process, approved, refused, withdrawn*): \_\_\_\_\_



## Section D – Language

### Your Language Ability

Native Language or Mother Tongue: \_\_\_\_\_

Which do you use most often, English or French?

English       French

Have you taken a Canadian English Language Proficiency Index Program (CELPIP) general test or International English Language Testing System (IELTS) general training test to assess your ability in English within the last 2 years?

Yes       No

If yes, which test?

Canadian English Language Proficiency Index Program (CELPIP) general test  
 International English Language Testing System (IELTS) general training test

Date of Test (dd/mm/yyyy): \_\_\_\_\_

	Listening	Speaking	Reading	Writing
Enter your scores				
Enter equivalent Canadian Language Benchmark scores <sup>2</sup>				

Have you taken a Test d'évaluation du français (TEF) to assess your ability in French within the last 2 years?

Yes       No

Date of Test (dd/mm/yyyy): \_\_\_\_\_

	Listening	Speaking	Reading	Writing
Enter your scores				
Enter equivalent Canadian Language Benchmark scores				

**Proof of your language test must be attached (Results of your official English language proficiency test (CELPIP – General or IELTS – General Training) OR your official French language proficiency test (TEF))**

<sup>2</sup> For help converting your language test scores to a Canadian Language Benchmark equivalent, see your application guide or refer to the language test equivalency charts online at Citizenship and Immigration Canada.

**Spouse or common-law partner's language ability:**

Which does your spouse or common-law partner use most often, English or French?

- English       French

Has your spouse or common-law partner taken a Canadian English Language Proficiency Index Program (CELPIP) general test or International English Language Testing System (IELTS) general training test to assess ability in English in the last two years?

- Yes       No

If yes, which test?

- Canadian English Language Proficiency Index Program (CELPIP) general test  
 International English Language Testing System (IELTS) general training test

Date of Test (dd/mm/yyyy): \_\_\_\_\_

		Listening	Speaking	Reading	Writing
Enter their scores					
Enter equivalent Canadian Language Benchmark scores					

Has your spouse or common-law partner taken a test d'évaluation du français (TEF) to assess ability in French in the last two years?

- Yes       No

		Listening	Speaking	Reading	Writing
Enter their scores					
Enter equivalent Canadian Language Benchmark scores					

Date of Test (dd/mm/yyyy): \_\_\_\_\_

**Applicants must provide their spouse or common-law partner's official results from the English language proficiency test (CELPIP – General or IELTS – General Training) OR their official French language proficiency test (TEF).**



Do you have family members living in Canada? Family members include your mother, father, dependent children, brothers, sisters, aunts, uncles, cousins, grandparents, grandchildren, nieces, and nephews.

Yes       No

Give the following information for ALL family members living in Canada.

**NOTE:** You must provide proof of relationship, proof of relative's status and proof of relative's residency. (Adaptability points provided only for relatives 19 years or older on date of application who are Canadians or permanent residents living in Nova Scotia for at least one continuous year.)

<b>Applicant</b>		
<b>Name of relative (family name, given name)</b>	<b>Relationship (e.g., sister)</b>	<b>Province or Territory</b>
<b>Are they a Canadian citizen or permanent resident?</b>	<b>Telephone Number</b>	<b>Years in Canada</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Does your spouse or common-law partner have family members living in Canada? Family members include their mother, father, dependent children, brothers, sisters, aunts, uncles, cousins, grandparents, grandchildren, nieces, and nephews.

Yes       No

Give the following information for ALL family members living in Canada.

**NOTE:** You must provide proof of relationship, proof of relative's status and proof of relative's residency. (Adaptability points provided only for relatives 19 years or older on date of application who are Canadians or permanent residents living in Nova Scotia for at least one continuous year.)

Spouse or common-law partner		
Name of relative (family name, given name)	Relationship (e.g., sister)	Province or Territory
Are they a Canadian citizen or permanent resident?	Telephone Number	Years in Canada
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Section F: Education:

What is the highest level of education you have successfully completed? \_\_\_\_\_

Provide the number of years of school you successfully completed for each of the following levels of education:

Elementary/primary \_\_\_\_\_

Secondary/high school \_\_\_\_\_

Nova Scotia university/college \_\_\_\_\_

Nova Scotia trade school or other post-secondary school \_\_\_\_\_

Give details of all the secondary and post-secondary education and any apprenticeship training you have had:

Duration (MM/YYYY)	Education Information	Location
From	Name of Institution	City
To	Course, degree, certificate or apprenticeship activity	Country

Have you received a scholarship or award that requires you to return to your home country following the completion of your degree?

Yes       No

If yes, have you satisfied the terms of this scholarship or award?

Yes       No

Has your spouse or common-law partner studied in a Nova Scotia secondary or post-secondary institution full time for two years or more?

Yes       No

If yes, give details of all their secondary and post-secondary education and any apprenticeship:

Duration (MM/YYYY)	Education Information	Location
From	Name of Institution	City
To	Course, degree, certificate or apprenticeship activity	Country

## Section G – Current Business Information:

Is your business:

Start-up                       Business Succession

### Business Information:

Legal Name of Company/Organization: \_\_\_\_\_

Operating Name: \_\_\_\_\_

Registry of Joint Stocks Number \_\_\_\_\_ Business Registration

Number (BN) for tax/payroll purposes: \_\_\_\_\_

Start-up investment Amount (if applicable): \_\_\_\_\_

Business Purchase Price (if applicable): \_\_\_\_\_

Business Website: \_\_\_\_\_

### Current Business Address:

\_\_\_\_\_

*street address*

\_\_\_\_\_

*city, town*

\_\_\_\_\_

*province, state or district*

\_\_\_\_\_

*country*

\_\_\_\_\_

*postal code*

### Current Business Mailing Address

Same as current address?

Yes                       No

If no provide the following information:

\_\_\_\_\_

*street address*

\_\_\_\_\_

*city, town*

\_\_\_\_\_

*province, state or district*

\_\_\_\_\_

*country*

\_\_\_\_\_

*postal code*

What is your current position or title in your current business (Example: owner, partner, manager, etc.)

\_\_\_\_\_



How many hours per week do you spend managing the business: \_\_\_\_\_  
*hours per week*

How many years have you owned the business? \_\_\_\_\_

What type of business do you own? (Example: manufacturing, exporting, processing)

\_\_\_\_\_

How many employees does the company currently have? \_\_\_\_\_

How many employees do you manage? \_\_\_\_\_

What are the total company assets?

\_\_\_\_\_

What is your level of decision-making ability in the business?

\_\_\_\_\_

Industry/sector:

- Aerospace
- Agri-food/seafood
- Biotechnology
- Culture
- Energy
- Forestry
- Information and communications technologies
- Manufacturing
- Mining/materials
- Oceans technology
- Retail/services
- Tourism
- Other (please specify): \_\_\_\_\_

Identify the type of ownership:

- Sole Proprietorship
- Partnership
- Corporation

Provide the Ownership Breakdown:

Name of Owner	Percentage of Ownership (%)

Describe any capital asset purchases (eg: machinery and equipment).

Provide a detailed description of the products/services your company offers its customers.

Describe your inventory by type (eg: finalized products, raw materials, etc)

--

Provide a list of your business' major suppliers:

Name of Supplier	Supplier Contact Person	Phone Number for Contact at Supplier

Provide a list of your business' major customers (eg: wholesale or corporate, repeat customers)

Name of Customer:	Customer Phone Number:

Please provide an itemized list of your expenditures to date, including a short description of the expenditure.

Expenditure Item:	Actual Investment (\$CAD)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Provide a description of any leasehold improvements or renovations to date:

Improvement/Renovation	Investment Amount (\$)

**Human Resource Information:**

Please provide the following information for each of your employees (attach additional tables/pages(s) if necessary):

<b>Family Name</b>	
<b>Given Name</b>	
<b>Job Title</b>	
<b>Employee Duties</b>	
<b>Date Began (dd/mm/year)</b>	
<b>Hourly Wage</b>	
<b>Hours Per Week</b>	
<b>Immigration Status</b>	

**Section H – Settlement:**

In your own words, tell us briefly about your plans to settle in Nova Scotia and your future here. Statements copied from someone or somewhere else are not acceptable.

[Empty text box for settlement plans]

**Out of Province Travel:**

Please provide details of all out-of-province travel conducted since submitting your EOI to the NSNP: International Graduate Entrepreneur Stream.

<b>Destination City</b>	<b>Destination Province/Country</b>	<b>Date Arrived in Destination (dd/mm/year)</b>	<b>Date Departed Destination (dd/mm/year)</b>	<b>Purpose</b>

## Section I - General information

### Assistance in completing the application

Did someone help you complete this form?

Yes       No

If yes, who helped you? (Name the person.)

Lawyer: \_\_\_\_\_  Employer: \_\_\_\_\_

Immigration consultant: \_\_\_\_\_  Other: \_\_\_\_\_

Did you, or will you, pay this person for their help in preparing this application?

Yes       No

**Note:** Anyone you pay to help you with your application to immigrate into Canada must be a member of one of the following groups:

- the Immigration Consultants of Canada Regulatory Council (ICCRC)
- a Canadian provincial or territorial law society
- the Chambre des notaires du Québec

For more information on who may represent you, visit [www.cic.gc.ca/english/information/representative/rep-who.asp](http://www.cic.gc.ca/english/information/representative/rep-who.asp)

### How did you learn about the Nova Scotia Nominee Program?

Nova Scotia promotion material       Immigration Agent  
 Nova Scotia Office of Immigration Website       Friend  
 Visa Office       Employer

Immigration job fair or event overseas (specify place and date): \_\_\_\_\_

Other (specify): \_\_\_\_\_



## Section J – Sign the Notice of Authority to Collect, Use, and Disclose Personal and Confidential Information

The Government of Nova Scotia, including the Nova Scotia Office of Immigration, is bound by the principles and requirements of the *Nova Scotia Freedom of Information and Protection of Privacy (FOIPOP) Act*. The FOIPOP Act sets out our obligations to collect personal information, how that information is used and how your information may be disclosed to others that will provide you with services on our behalf.

Nova Scotia's FOIPOP Act defines the meaning of personal information. In addition to the information defined by the Act, other types of personal information may include: date of birth, Internet Protocol address, e-mail address, marital status, employment, income, assets, liabilities, benefits received under other provincial and federal programs or other information collected by our programs or services that may identify you.

Any personal information collected during the course of accessing our programs or using our services is used only for providing you with services; for example, for registration to our programs or for determining your eligibility to services, including but not limited to the Nova Scotia Nominee Program, settlement services funded by the Nova Scotia Office of Immigration and program integrity efforts. The use of your information is always in accordance with the FOIPOP Act.

We do not disclose your personal information except as required to fulfill the purpose(s) of a program or service and only to the extent required or authorized by law. In connection with providing you with programs, services or in the event of suspected fraud or non-compliance with provincial or federal legislation, information may be collected from, used by or disclosed to any federal, provincial, municipal or local authority or any other person, department, financial institution, designated service provider, agency or organization.

Any confidential information collected during the course of accessing our programs or using our services is used only for providing you with services; for example, for registration to our programs or for determining your eligibility to services, including but not limited to the Nova Scotia Nominee Program, and program integrity efforts. Confidential information may include, but is not limited to, business plans, financial information related to the business, business registration, business licenses, ownership structure, corporate records or other information related to the business.

We do not disclose your confidential information except as required to fulfill the purpose(s) of a program or service and only to the extent required or authorized by law. In connection with providing you with programs, services or in the event of suspected fraud or non-compliance with provincial or federal legislation, confidential information may be collected from, used by or disclosed to any federal, provincial, municipal or local authority or any other person, department, financial institution, designated service provider, agency or organization.

Some functions within these programs or services are provided by service providers external to the department(s). All external service providers that provide you with services on our behalf must comply with our privacy requirements and must meet the applicable security, privacy and terms of use provisions.

Under the privacy provisions of the FOIPOP Act individuals have the right to request correction of, and access to, their personal information.

To obtain access to your personal information, contact the Information Access and Privacy Services unit by email at [IAPServices@novascotia.ca](mailto:IAPServices@novascotia.ca) or phone (902) 424-2985 or 1-844-424-2985.

To request correction of your personal information, contact the Nova Scotia Nominee Program by email at [nsnp@novascotia.ca](mailto:nsnp@novascotia.ca) or phone (902) 424-5230.

Sign the notice and have your spouse or common-law partner and all dependent family members 19 years old or older who are coming with you to Canada sign as well. Failure to sign will result in your application being deemed incomplete and it will not be processed.

**I acknowledge that I have read and understand the above information regarding the collection, use, and disclosure of my personal information.**

\_\_\_\_\_  
Name (Please Print)                      Signature                      Date (dd/mm/year)

\_\_\_\_\_  
Name (Please Print)                      Signature                      Date (dd/mm/year)

## Section K – Declaration:

### Declaration of Information:

*Applicant and spouse or common-law partner and all accompanying dependent family members 19 years or older must initial beside each statement and authorization to acknowledge agreement and then sign at the bottom of the page. Failure to initial each line and sign at the bottom will result in your application being deemed incomplete and it will not be processed.*

#### Initials

- \_\_\_\_ \_\_\_\_ I intend to live in the Province of Nova Scotia upon arrival in Canada.
- \_\_\_\_ \_\_\_\_ I understand that the Nova Scotia Office of Immigration or Citizenship and Immigration Canada may refuse my application, rescind my nomination or withdraw my Canadian permanent resident visa if I give false information or fail to give information as requested. Any misrepresentation or intentional omission of material information that is relevant to the application will result in me being ineligible to re-apply for nomination for a period of five years.
- \_\_\_\_ \_\_\_\_ I understand that my application will NOT be processed if I fail to provide a complete application or fail to include required forms and credible supporting documentation.
- \_\_\_\_ \_\_\_\_ Program criteria are eligibility minimums. Meeting program criteria does NOT guarantee that my application will be approved.
- \_\_\_\_ \_\_\_\_ I will give NSOI my address, phone numbers, and email address no later than 30 days after I have arrived in Canada. I will inform NSOI every time I change my address, phone numbers, or email address for 5 years after arriving in Canada. I agree to supply NSOI officers with my business' contact information in order to monitor my business for period of up to five (5) years after the date of my business being established. The monitoring of my business will be to ensure program integrity, my continued eligibility for nomination, and to determine the economic significance of my business to Nova Scotia.
- \_\_\_\_ \_\_\_\_ The business I will establish or purchase in Nova Scotia, as per this application, complies with all applicable laws and regulations, including, but not limited to the following statutes, as amended from time to time (refer to official versions):
- Labour Standards Code  
<http://www.novascotia.ca/lae/employmentrights/docs/labourstandardscodeguide.pdf>
- Worker's Compensation Act  
[http://www.wcb.ns.ca/wcbns/index\\_e.aspx?ArticleID=715](http://www.wcb.ns.ca/wcbns/index_e.aspx?ArticleID=715)
- Nova Scotia Human Rights Act  
<http://nslegislature.ca/legc/statutes/human%20rights.pdf>
- Nova Scotia Occupational Health and Safety Act  
[http://nslegislature.ca/legc/statutes/occph\\_s.htm](http://nslegislature.ca/legc/statutes/occph_s.htm)
- Nova Scotia Health Protection Act, Food Safety Regulations (Food Services Industry Only)  
<http://www.novascotia.ca/just/regulations/regs/hpafdsaf.htm>
- \_\_\_\_ \_\_\_\_ I understand that failing to fulfill my obligations under the Business Performance Agreement will render me ineligible for nomination.

\_\_\_\_\_ I declare that the information I have given in this application is truthful, complete and correct.

I acknowledge that I have read, understand and agree to this declaration, and that my representative has provided me with a completed application form for review.

\_\_\_\_\_  
**Signature of principal applicant**

\_\_\_\_\_  
**Date (dd/mm/year)**

\_\_\_\_\_  
**Signature of spouse or common-law partner**

\_\_\_\_\_  
**Date (dd/mm/year)**

\_\_\_\_\_  
**Signature of dependent family member 19 years or older**

\_\_\_\_\_  
**Date (dd/mm/year)**

**Submit completed application to the address provided below:**

Postal Box Address (Mail)

Nova Scotia Office of Immigration  
PO Box 1535  
Halifax NS B3J 2Y3  
CANADA

Civic Address (In person)

Nova Scotia Office of Immigration  
1469 Brenton Street  
3<sup>rd</sup> Floor  
Halifax NS B3J 3W7  
CANADA

Tel: (902) 424-5230  
Fax: (902) 424-7936  
Email: [nsnp@novascotia.ca](mailto:nsnp@novascotia.ca)  
Web: [www.novascotiainmigration.ca](http://www.novascotiainmigration.ca)