

Consent Form for Business Applicants

New Brunswick Provincial Nominee Program



Name (Last, First, Middle)

Date of Birth (dd/mm/yyyy)

Please indicate if: Principal Applicant Spouse/Common-law Partner

Declarations

I acknowledge that the Department of Post-Secondary Education, Training and Labour (PETL), its agents, employees and service providers, is the agency that administers the New Brunswick Provincial Nominee Program (NBPNP.).

I understand that the personal information collected for the NBPNP will only be used and disclosed for the purpose of administering this program. This information relates directly to and is necessary for the purposes of the NBPNP and the Canada-New Brunswick Agreement on Provincial Nominees. Collection of the personal information complies with paragraph 37(1)(b) of the *Right to Information and Protection of Privacy Act*, SNB 2009, c. R-10.6 (RTIPPA).

I understand that PETL must protect and appropriately handle my personal information in accordance with the RTIPPA. I understand that all personal information that I provide must be accurate, and that if there are any changes, I will immediately inform NBPNP.

I understand that if I withhold or withdraw my consent, or a portion thereof relating to my application (in writing), the processing of my application will be terminated.

I acknowledge that this authorization is valid for the duration of my participation in the NBPNP and the monitoring associated with it, and to carry out the evaluation of the NBPNP, as established by the NBPNP.

If I have any questions or concerns regarding this Consent Form, the handling of my personal information, or the NBPNP, I can contact the Director of Immigration, Multiculturalism and Settlement for the NBPNP at 1 (506) 453-3981.

Consent to Collect, Use and Retain Personal Information

By signing and submitting this form, I hereby consent to allow designated representatives of the NBPNP to collect, use, and retain personal information regarding myself or any dependent of my family contained in my NBPNP application and my federal immigration application:

- to verify the information I submit for the NBPNP;
- to assess my eligibility as a Provincial Nominee Applicant;
- to monitor my compliance with the NBPNP requirements; and
- to evaluate the NBPNP for research and improvement purposes.

If I am granted permanent resident status to Canada, I further consent to allow designated representatives of the NBPNP to collect, use and retain personal information regarding my Canadian address(es), telephone number(s), email address(es), social insurance number(s), employment, business ownership, and my marital status, financial information (including income, assets, liabilities, taxation, and benefits received under Provincial and Federal Government programs), and any other necessary information that will be used:

- to determine if I am economically established in New Brunswick;
- to monitor my compliance with settlement requirements of the NBPNP; and
- to contact me to participate in an evaluation of the NBPNP.

I understand the information required above will be collected from myself, as well as any source identified by the representatives of the NBNP, such as my Canadian employer(s).

Consent to Disclose Personal Information

By signing and submitting this form, I also hereby consent to allow designated representatives of the NBNP to disclose personal information regarding myself or any dependent member of my family contained in my NBNP application and my federal immigration application:

- to third party contractors to validate the information contained in my application for the NBNP and my federal immigration application. I understand that the third party contractor will verify my educational qualifications, business background, employment history, financial information and personal history by conducting enquiries outside Canada with government and non-government organizations, as required. The third party agent engaged for verification purposes is:

Atlantic Security Group
P.O. Box 20292, 440 King Street
Fredericton, New Brunswick E3B 0N7 CANADA
Telephone: 001.506.443.9116
Fax: 001.506.443.3008
Email: stuart@atlanticsg.org

and any other third party contractor as the PETL may elect to engage.

- to third party evaluators to evaluate the NBNP. I understand that I may be contacted by designated representatives of the NBNP or third party evaluators for up to five years following the receipt of permanent resident status; and
- to representatives from Citizenship and Immigration Canada for:
 - sharing information regarding my NBNP application, including processing the application;
 - monitoring the NBNP; and
 - evaluating the NBNP.

Signed at _____, by

_____ Name of Applicant (<i>please print in English</i>)	_____ Signature	_____ Date (dd/mm/yyyy)
_____ Witness (<i>please print in English</i>)	_____ Signature	_____ Date (dd/mm/yyyy)

商业移民同意书

新布伦瑞克省提名项目

名字 (姓、名)

出生日期 (日/月/年)

请注明您是：

主申请人

配偶/同居伴侣

声明

我认可新布伦瑞克省提名项目 (以下简称 NBPNP 项目) 是由该省的专上教育、培训和劳工部 (以下简称 PETL) 以及其各代理、雇员和服务机构负责管理执行的。

我明白 NBPNP 项目收集的我的个人信息只是在出于该项目执行需要时才会被使用和透露。这些信息与 NBPNP 项目及 Canada-New Brunswick Agreement 有直接的关联和必要性。个人信息的收集符合知情权和隐私保护法第 37 (1) (b) 条，SNB2009, c. R-10.6 (以下简称 RTIPPA)。

我明白 PETL 必须依据 RTIPPA 的法律规定来保护和合理使用我的个人信息。我清楚我提供的所有个人信息必须准确无误，如果有任何更改，我会及时通知 NBPNP 项目。

我明白如果我隐瞒或撤回本同意书，或部分申请 (以书面形式)，我的申请将会被终止。

我认可这份授权在整个 NBPNP 项目申请期间以及之后的评估和监控期间都会有效。

如果我对这份同意书、我个人信息的处理以及 NBPNP 项目有任何疑问和顾虑，我可以打电话 1 (506) 453-3981 致电 NBPNP 项目负责移民，多元文化和安居的经理。

同意收集、使用和保留个人信息

通过签署和递交这份同意书，我特此同意并允许 NBPNP 项目所指派的代理收集、使用和保留我本人以及我的所有家庭成员在 NBPNP 申请和联邦移民申请中提供的个人信息：

- 核实我给 NBPNP 项目递交的信息；
- 评估我作为省提名项目申请人的资格；
- 监控我对 NBPNP 要求的承诺；
- 为了研究和项目改进而针对 NBPNP 项目的评估。

如果我被授予加拿大永久居民身份，我同意 NBPNP 项目所指派的代理收集、使用和保留我的信息，包括加拿大住址、电话号码、电子邮件地址、社会保险卡号码、职业、企业所有权、婚姻状况、财务信息 (包括收入、资产、负债、税务以及联邦和省计划下得到的福利) 以及任何其它必要的信息：

- 以确定我在新布伦瑞克省是否已经经济独立；
- 以监控我是否遵守 NBPNP 项目的定居要求；
- 以联系我参与 NBPNP 项目的评估。

我明白上述信息将向我本人收集，同时 NBPNP 项目所指派的代理也会找其它来源去收集，例如我的加拿大雇主等。

同意透露个人信息

通过签署和递交这份同意书，我特此同意并允许 NBPNP 项目所指派的代理透露我本人以及我的所有家庭成员在 NBPNP 申请和联邦移民申请中提供的个人信息：

- 给第三方承约人以证实我在 NBPNP 项目和联邦移民申请中的信息。我明白第三方承约人将通过与海外的政府及非政府组织的查询来核实我的学历资格、商业背景、就业经历、财务信息和个人历史。目前从事这项核实工作的第三方机构是：

Atlantic Security Group
 P.O. Box 20292, 440 King Street
 Fredericton, New Brunswick E3B 0N CANADA
 电话：001.506.443.9116
 传真：001.506.443.3008
 电子邮件：stuart@atlanticsg.org

以及任何 PETL 项目有可能指定的第三方承约人。

- 给第三方评估机构以评估 NBPNP 项目。我明白在我成为移民后的 5 年之内 NBPNP 项目所指派的代理或者第三方评估机构都有可能联系我。
- 给加拿大联邦公民及移民部所指派的代理以便：
 - 针对我的 NBPNP 项目申请共享信息，包括处理我的移民申请；
 - 监控 NBPNP 项目；
 - 评估 NBPNP 项目。

于 _____ 签署

_____ 申请人姓名 (正楷)	_____ 签字	_____ 日期 (日/月/年)
_____ 证人姓名 (正楷)	_____ 签字	_____ 日期 (日/月/年)

SCHEDULE "A" / 附表"A"

To be completed by the principal applicant in English / 由主申请人填写

Include additional sheets, if required / 如需要, 请另外加页说明

Confidential when completed / 完成后保密

Personal Details / 个人信息

Surname / 姓	First Name / 名	Middle Name(s) / 中间名	Date of Birth (mm/dd/yyyy) 出生日期 (日/月/年)
Citizenship / 国籍	Country of Residence / 居住国	Identity No. / 身份证号码	Date of Issue (dd/mm/yyyy) 签发日期 (日/月/年)
Current Residential Address (Street No., Street, City, Province, Postal Code) 现住址 (街号, 街名, 城市, 省, 国家, 邮编)			From / To (mm/yyyy) 从 月/年至 月/年 /

Previous Addresses (Last five years) / 地址历史 (过去 5 年)

Address 1 / 住址 1	From / To (mm/yyyy) 从 月/年至 月/年 /
Address 2 / 住址 2	/
Address 3 / 住址 3	/
Address 4 / 住址 4	/

Secondary and Post-Secondary Education / 中学和专科以上教育

Institution (Street No., Street, City, Province, Postal Code) 学校名称 (街号, 街名, 城市, 省, 国家, 邮编)	Date Graduated 毕业日期	Qualification(s) 证书/学位	Instructor / Contact 导师 / 联系方式

Employment (Last Five Years) / 工作经历 (过去 5 年)

Company (Street No., Street, City, Province, Postal Code) 公司名称 (街号, 街名, 城市, 省, 国家, 邮编)	From / To (mm/yyyy) 从 月/年至 月/年 /	Position Held 职位	Manager / Contact 经理 / 联系方式
	/		
	/		
	/		
	/		

Businesses Owned (Last Five Years) / 持有生意 (过去 5 年)

Business (Street No., Street, City, Province, Postal Code) 企业名称 (街号, 街名, 城市, 省, 国家, 邮编)	Registration No. 注册号	Date of Registration 注册日期	Registered Capital 注册资金

Financial Institutions / 金融机构

Institution (Street No., Street, City, Province, Postal Code) 机构名称 (街号, 街名, 城市, 省, 国家, 邮编)	Type of Account 账户类型	Account Number 账户号码	Contact Person 联系人