

Small Business Investor Tax Credit Program Marysville Place, P.O. Box 3000 Fredericton, N.B. E3B 5G5

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APPLICANT CORPOR	RATION N	IAME:						
As required by the Min specified share issuand Treasury Board and the ensure compliance with	ces, on be e Departm	half of t nent of J	he eligible ap ustice and th	plicar e Atto	nt corporation	on, I will _l ral any in	provide Finance a	and
I have read and unders Small Business Investo				in Par	t F of the o	corporatio	on's application to	the
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I certify that I am a dire application and its attached			•					3
Name (type or print)	Director				Director			
Address								
Language Preference	English		French		English		French	
Director Signature Date (yyyy/mm/dd)								
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Director Signature								
Date (yyyy/mm/dd)								

http://www.gnb.ca/Finance Phone: (800)669-7070

Fax: (506) 444-5086

E-mail: wwwfin@gnb.ca

Ce formulaire est aussi disponible en français.