

**APPLICANT COMMUNITY ECONOMIC DEVELOPMENT CORPORATION/ASSOCIATION  
DIRECTORS' STATEMENT**

**APPLICANT COMMUNITY ECONOMIC  
DEVELOPMENT**

**CORPORATION/ASSOCIATION NAME:** \_\_\_\_\_

**CERTIFICATE OF REGISTRATION NUMBER:** \_\_\_\_\_

As required by the Minister of Finance, during the four-year holding period for specified share issuances, on behalf of the eligible applicant community economic development corporation/association, I will provide the Department of Finance and the Department of Justice and the Attorney General any information requested to ensure compliance with the Small Business Investor Tax Credit Program.

I have read and understand the disclaimer contained in **Part E** of the community economic development corporation/association's application to the Small Business Investor Tax Credit Program.

I understand that, where an officer or director of a community economic development corporation/association permits or consents to transactions or events that the officer or director knew, or ought to have known, at that time would cause the Certificate of Registration to be revoked, that person is jointly and severally liable for the repayment of any tax credits for which Tax Credit Certificates were issued.

I certify that I am a director of the applicant community economic development corporation/association and that the information contained in this application and its attachments is true and correct to the best of my knowledge and belief.

	<b>Director</b>	<b>Director</b>
Name ( <i>type or print</i> )	_____	_____
Address	_____	_____
Language Preference	English <input type="checkbox"/> French <input type="checkbox"/>	English <input type="checkbox"/> French <input type="checkbox"/>
Director Signature	_____	_____
Date (yyyy/mm/dd)	_____	_____

	<b>Director</b>	<b>Director</b>
Name ( <i>type or print</i> )	_____	_____
Address	_____	_____
Language Preference	English <input type="checkbox"/> French <input type="checkbox"/>	English <input type="checkbox"/> French <input type="checkbox"/>
Director Signature	_____	_____
Date (yyyy/mm/dd)	_____	_____

Small Business Investor Tax Credit Program  
Marysville Place, P.O. Box 3000  
Fredericton, N.B. E3B5H1



DEPARTMENT OF FINANCE

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	Director	Director
Name ( <i>type or print</i> )	_____	_____
Address	_____	_____
Language Preference	English <input type="checkbox"/> French <input type="checkbox"/>	English <input type="checkbox"/> French <input type="checkbox"/>
Director Signature	_____	_____
Date (yyyy/mm/dd)	_____	_____

<http://www.gnb.ca/Finance>

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*Ce formulaire est aussi disponible en français.*