

**COMMUNITY ECONOMIC DEVELOPMENT CORPORATION /ASSOCIATION
APPLICATION FOR AN INVESTOR TAX CREDIT CERTIFICATE**

PART A - Identification

Community Economic Development Corporation /Association Name: _____

NB Corporate Affairs Registration Number: _____

Mailing Address: _____

Contact Person: _____ Title _____

Small Business Investor Tax Credit Registration Number:

A signed **Investor Statement** for each investor must accompany this application.

Investor's Name	Types of Shares	Number of Shares	Amount Paid

Types of Shares are Non-voting preferred, Voting preferred, Non-voting common shares, Voting Common shares.

PART B - Fee

A fee of \$25 applies for each investor's Tax Credit Certificate requested (**all cheques or money orders to be made payable to "Minister of Finance"**).

PART C - Application Information

For an individual investor, the tax credit is 50% of the investment up to a maximum annual credit of \$125,000 and 15% for a corporation or trust investor of the investment up to the maximum annual tax credit per investor of \$75,000.

A copy of the share certificate, certified by an officer of the community economic development corporation/association, issued to the investor will accompany this application.

A copy of the community economic development corporation/association share registry, certified by an officer of the community economic development corporation/association, will accompany this application.

PART D – Disclaimer

This form is intended to provide information respecting application under the Province of New Brunswick *Small Business Investor Tax Credit Act* and should not be regarded as a replacement of the laws, regulations or administrative documents to which it refers. Where there is a conflict between this form and the legislation, the legislation shall prevail.

PART E – Certification (To be signed by the Secretary and one other Officer)

I certify that I am an authorized officer 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.

I hereby consent on behalf of the applicant that any information contained in this application may be provided by the Department of Finance to the Administrator appointed under the *Securities Act*.

The personal information on this form is being collected under the authority of the Small Business Investor Tax Credit Act, and will be used for the necessary administration of this Program. If you have any questions regarding the collection and use of this information, please contact the SBITC Program Administrator, Department of Finance 200 Champlain St., Suite 350 Dieppe, N.B E1A 1P1. Phone: 1-800-669-7070 or e-mail wwwfin@gnb.ca.

Name: (please print) **(Secretary of the Corporation)**

Signature: _____

Date: _____

Name: (please print) **(Officer)**

Signature: _____

Date: _____

All inquiries should be directed to:

Department of Finance
Marysville Place,
P.O. Box 3000,
Fredericton, NB E3B 5G5

**Small Business Investor
Tax Credit Program**



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Department of Finance
Revenue & Taxation Division
200 Champlain St. Suite 350
Dieppe, N.B. E1A 1P1

Telephone: (800) 669-7070
Fax: (506) 444-5068
E-Mail: wwwfin@gnb.ca
Website: www.gnb.ca/Finance