

Business Plan

New Brunswick Provincial Nominee Program



Principal Applicant – Print Your Full Name

Date of Birth (dd,mm,yyyy)

Industry

Location

I, the undersigned, have thoroughly reviewed the business plan. I am fully aware of its contents and I agree with its statements and conclusions. This Business Plan accurately and truly reflects my planned business intentions in New Brunswick.

If required, I am prepared to provide additional information to the Province of New Brunswick or to defend any positions or assumptions included in this document.

Principal Applicant Signature

Date (dd,mm,yyyy)

EXECUTIVE SUMMARY

BACKGROUND OF APPLICANT

OPERATIONS PLAN (Suppliers, Location, Distribution, Hours of operation)

COMPETITION (General Description, Competitive Advantage)

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Competitor's Name	Description	Location

SWOT ANALYSIS (Strengths, Weaknesses, Opportunities, Threats)

Strengths

Weaknesses

Opportunities

Threats

