

# 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 PDG 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</i> )	Signature	Date (dd/mm/yyyy)
Witness ( <i>please print</i> )	Signature	Date (dd/mm/yyyy)

### SCHEDULE "A"

To be completed by the principal applicant  
Include additional sheets, if required  
Confidential when completed

Personal Details			
Surname	First Name	Middle Name(s)	Date of Birth (mm/dd/yyyy)
Citizenship	Country of Residence	Identity No./Driver's No.	Date of Issue (dd/mm/yyyy)
Current Residential Address, (Street, City, District, Country, Postal Code)			From / To (mm/yyyy) /

Previous Addresses (Last five years)	
Address 1	From / To (mm/yyyy) /
Address 2	/
Address 3	/
Address 4	/

Secondary and Post-Secondary Education			
Institution Name (City, District, Country)	Date Graduated	Qualification(s)	Instructor / Contact

Employment (Last five years)			
Company Name (Street, City, District, Country)	From / To (mm/yyyy)	Position Held	Manager / Contact
	/		
	/		
	/		
	/		
	/		

**Businesses Owned (Last Five Years)**

Business Name (Street, City, District, Country)	Registration No.	Date of Registration	Authorized Capital

**Financial Institutions**

Institution Name (Street, City, District, Country)	Type of Account	Account Number	Contact Person