

OFFICE USE ONLY

File #:

Date Received for Assessment by NTNP YY/MM/DD

Northwest Territories' Nominee Program

BUSINESS STREAM ARRIVAL REPORT FORM

The information on this form is collected in accordance with Northwest Territories Access to Information and Protection of Privacy Act section 40(c) for the purpose of administering the NWT Nominee Program (NTNP) as authorized by the Canada/NWT Immigration Agreement and for assessment of individual applications under the NTNP. Personal information will be used and disclosed in accordance with the Northwest Territories' *Access to Information and Protection of Privacy Act* including for purposes of evaluating the Territorial Nominee Program. If you have any questions about the collection, use and disclosure of this information, contact a Business Programs Officer of the NTNP by telephone at 1-855-440-5450, or by email at immigration@gov.nt.ca.

You must complete the Arrival Report Form and submit it within two months of the date that appears as the "date signed" on the Government of Canada temporary work permit issued, by mail or e-mail.

Business Programs Officer
Investment and Economic Analysis
Industry, Tourism and Investment, Government of the Northwest Territories
P.O. Box 1320, Yellowknife, NT X1A 2L9
Email: immigration@gov.nt.ca

You are required to attach proof that the Required Eligible Investment (CAD Funds) has been transferred to a bank account in the Northwest Territories to make the required eligible investment in the business and/or where funds have been spent, consistent with the business plan and business performance agreement, documented proof must be submitted.

Complete all sections of this form. If you require additional space to provide a complete answer, attach additional sheets as necessary with reference to the question along with additional information provided.

This form must be complete	ly separately by both the !	Principal Applicant and the	e Spouse/0	Common-law Partner.	
Surname (Family Name):	Given Name(s):	Date of Birth (dd/mm/yyyy):		NTNP File Number:	
Date of Birth – YY/MM/DD:	Please indicate which ap	Please indicate which applicant you are:			
Current Residential Address in	NWT:				
Current Mailing Address in NV	/T:				
2. Work Permit Info	mation (attach phot	ocopy of Work Permit):		
Work Permit Client ID Number	Work Permit D	Work Permit Date Signed (dd/mm/yyyy):		Work Permit Valid Until (dd/mm/yyyy)	
	enendents				
3a. Accompanying D	ependents				
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3b. Accompanying Dependents List the dependent family members that will arrive in Canada at a later date (if applicable). You must submit copies of the dependents' work permit and/or study permit upon their arrival in Canada. Name (Family name, Given Names): Relationship to Applicant: **Expected Arrival Date:** 4. Checklist You must submit all applicable supporting documentation identified in the checklist below: ☐ Photocopy of Work Permit ☐ Proof of Funds Documentation ☐ Photocopies of Dependent's Work Permit or Study Permit 5. Declaration and Authorization I declare that the information I have given in this report is truthful, complete and correct. I understand that any false statements or concealments of information may result in the Northwest Territories withdrawing its support for the applicant to the Northwest Territories Nominee Program (NTNP). I authorize the NTNP to collect personal information from other sources inside or outside Canada for the purpose of assessing my application for the NTNP, verifying information provided by me in my application, and evaluating the NTNP. These sources may include, but are not limited to current and former employers, professional organizations, industry associations, financial institutions, government or quasi-government agencies, and law enforcement agencies. I hereby consent to NTNP disclosing personal information regarding myself or any dependent of my family contained in my NTNP application and my federal immigration application: • to third party contractors to validate the information contained in my application to the NTNP and my federal immigration application. I understand that the third party contractor will verify my educational qualifications, business background, employment history and personal history through conduction of inquiries outside Canada with government and notgovernment organizations, as required. • to third party evaluators to evaluate the NTNP. I understand that I may be contracted by NTNP 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 informations regarding my NTNP application, including processing the application; - monitoring the NTNP; and - evaluating the NTNP I have obtained consent from applicable dependent members of my family to provide their information in this application. I understand that I have the right to examine and request corrections or amendments to my personal records, whether held by a provincial or federal government office. Any information provided to the NTNP will only be disclosed in accordance with the Northwest Territories Access to Information and Protection of Privacy Act. This Consent will not expire. X

Date Signed - YY/MM/DD

Signature of Applicant or Key Staff