

PRE - ASSESSMENT

Clearly indicate when you are referring to the principal applicant or spouse or common-law partner. Use additional sheets, if necessary. Write (PNP-NL-02) on the top of each additional page.

PNP Category – Applying as: Occupational/Skilled Worker Entrepreneur Partner

1. Principal Applicant – Family Information:

A. Principal Applicant:			
Family Name (Surname)	Given Name(s)	Sex (m/f)	Date of Birth (yyyy/mm/dd)
B. Spouse or Common-law partner, if applicable:			
Family Name (Surname)	Given Name(s)	Sex (m/f)	Date of Birth (yyyy/mm/dd)
C. Dependents/Children, if applicable (use a separate page if necessary):			
Family Name (Surname)	Given Name(s)	Sex (m/f)	Date of Birth (yyyy/mm/dd)

3. Principal Applicant – Contact Information:

A. Current Residence Address:				
(Street/P.O. Box)	(City/Town)	(Province)	(Postal Code)	(Country)
B. Current Mailing Address, if different from above:				
(Street/P.O. Box)	(City/Town)	(Province)	(Postal Code)	(Country)
C. Current Residence Address in Canada, if applicable:				
(Street/P.O. Box)	(City/Town)	(Province)	(Postal Code)	(Country)
D. Telephone/Email:				
(Home)	(Office)	(Cell)	(Fax)	(Email)

3. Citizenship & Status:

A. Country of Citizenship: _____ Nationality: _____
Legal status in your country of residence: Citizen Visitor Student Worker Refugee
 Other, please specify: _____
Passport number: _____ Country of Issue: _____ Expiry Date: _____
(yyyy/mm/dd)

B. I am : Principal Applicant Consultant Lawyer Other, please explain:

C. Are you using an immigration representative? Yes No
If yes, he/she is: a member of the Canadian Society of Immigration Consultants
 a Canadian provincial or territorial law society
 the Chambre des notaries du Quebec
 Other, please specify _____
Note: Immigrant representatives are required to submit certification of their qualification as an immigration representative.
Representative's Full Name: _____
Family Name (Surname) Given Name (s)
Name of Firm or Organization: _____
Mailing Address: _____
(Street/P.O. Box) (City/Town) (Province) (Postal Code)

(Country) (Telephone) (Fax) (Email)

D. Do you or any of your family members accompanying you to Canada have a criminal record? Yes No
If yes, please explain:

E. Have you or any of your family members accompanying you to Canada ever previously applied for:
(1) A Permanent Resident Visa? Yes No
(2) A Visitor or Temporary Resident Visa? Yes No
(3) Or to another Provincial Nominee Program? Yes No
If yes, please provide:
• Immigration Office/Embassy/Visa Post contacted: _____
• Citizenship and Immigration Canada (CIC) File Number: _____
• Date(s) of application: _____
• Name(s) of Applicant: _____
• Application Status: _____
• Province/Country of Application: _____
• Category of Federal application: Entrepreneur Family Class Investor Self-Employed Other
• Category of Provincial Nominee Program application: Skilled Worker Entrepreneur Investor Other

5. Settlement/Destination:

In which city, town, or region of Newfoundland and Labrador do you intend to settle?

6. Settlement Funds (Please submit documentation that supports the amounts entered into Total Net Worth and Total Liquid Assets):

Assets	\$ Amount (State in Canadian Dollars)	Debts	\$ Amount (State in Canadian Dollars)
1. Cash/Bank deposits		Home Mortgage or Loan	
2. Property/Real Estate		Other Mortgages or Loans	
3. Investments		Personal Debts	
4. Other		Other	
Total Assets		Total Debts	
NET WORTH (Total Assets – Total Debts) <input type="text"/>			

7. Residence in Newfoundland and Labrador:

Reason	Entry to NL (yy/mm)	Exit from NL (yy/mm)
Tourism		
Work		
Studies		
Claiming Refugee Status		
Business		
Other, please specify:		

8. Relatives in Newfoundland and Labrador:

Does the principal applicant or spouse/common-law partner have relatives living in Newfoundland and Labrador?

Yes No

If “yes”, you may be required to provide evidence of your relationship to them by submitting Birth or Marriage Certificates (which shows the names of common parents) and/or photocopies of Canadian Passports, Citizenship Certificates or Immigration Visas (IMM 1000) of your relative(s) in Newfoundland and Labrador.

Name of Relative	Relationship	Complete Address and Telephone Number	Length of time in Canada
<input type="text"/>			
<input type="text"/>			

9. Relatives living in other Provinces/Territories of Canada:

Name of Relative(s)	Relationship	City and Province	Length of time in Canada
<input type="text"/>			
<input type="text"/>			

10. Community Initiative:

In this section we would like to have any information with respect to sponsorship provided to the applicant by a specific community, cultural group or regional economic development board in Newfoundland and Labrador. Similar information relative to a corporate sponsorship offered to the applicant or spouse would also be required.

Name of Community/Regional Representative	Complete Address and Telephone Number

11. Work Experience/Business Management (All individuals applying in *either category (Skilled Worker, Entrepreneur, or Partner)* are required to complete this section. Please provide details of the previous 5 years. Use a separate page if necessary):

From (yyyy/mm)	To (yyyy/mm)	Name/type of Company	City/Country	Positions Held

12. Guaranteed Employment (Only those individuals applying in the *Skilled Worker Category* are required to complete complete this section):

Has the principal applicant or spouse/common-law partner been offered a FULL-TIME PERMANENT job in Newfoundland and Labrador? Principal Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse or (Common-Law Partner): <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the <i>principal applicant</i> answered “yes”, complete this section. Please note that your employer is required to complete the Employment Offer Form (PNP-NL-03)	If the <i>spouse or common-law partner</i> answered “yes”, complete this section.
Local Employer/Company Name:	Local Employer/Company Name:
Name of Supervisor or Personnel Officer:	Name of Supervisor or Personnel Officer:
Address of Employer: (Street/P.O. Box)	Address of Employer: (Street/P.O. Box)
(City/Town) (Province) (Postal Code)	(City/Town) (Province) (Postal Code)
Employer Telephone Number:	Employer Telephone Number:
Employer Email:	Employer Email:
Start Date or Intended Start Date of Employment: (dd/mm/yyyy)	Start Date or Intended Start Date of Employment: (dd/mm/yyyy)

14. Existing Business or Partnership (Only those individuals applying under the *Partner Category* are required to complete this section):

A. Name and start date of existing business or partnership:

(Company Name)

(yyyy/mm/dd)

B. Type of business or partnership:

C. Business Location:

(Street/P.O. Box)

(City/Town)

(Province)

(Country)

D. Applicant's Intended Position:

E. Funds/capital available to be invested into existing business or partnership (state in Canadian dollars):

F. If your business activity in Canada will not be a Sole Proprietorship, please indicate your (%) of ownership and the share of ownership of the remaining partners. Identify those partners who are not Canadian citizens or permanent residents.

Name of Partner (s)	Date of Birth (dd/mm/yyyy)	Percentage (%) of Ownership

G. Gross Revenues for past 3 years (please submit documentation that supports your gross revenue)

Year 1 (State in Canadian Dollars)	Year 2 (State in Canadian Dollars)	Year 3 (State in Canadian Dollars)

Declaration of Applicant and Spouse

I declare that the information I have given in this application is truthful, complete and correct.

I understand that any false statements or concealment of information may result in Newfoundland and Labrador refusing my application or, if applicable, canceling my nomination.

I furthermore understand and agree that any false statements or concealment of information that results in my being nominated by Newfoundland and Labrador will result in cancellation of the Nominee Certificate and the incident reported to Citizenship and Immigration Canada.

Signature of the Applicant:

Date:

Signature of the Spouse:

Date:

Personal information on this form is considered private and confidential. It is collected under the Newfoundland and Labrador Provincial Nominee Program and will be used for immigration and program evaluation purposes. If you have any questions about this collection of personal information, you may contact a Program Officer, Department of Innovation, Trade and Rural Development Division, Tel: 709.729.2781, Fax 709.729.3208 or Email pnpp@gov.nl.ca.