

IMPORTANT: Ensure you are using the most current application form by visiting our website at [www.WelcomeBC.ca/PNP](http://www.WelcomeBC.ca/PNP).

The personal information on this form is collected by the Province of British Columbia (the "Province") for the purposes of administering, and assessing applications under, the British Columbia Provincial Nominee Program (the "BC PNP"), as authorized by section 8 of the Provincial Immigration Programs Act and under the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of your personal information, you may contact an Information Officer of the BC PNP by telephone: (604) 775-2227, email: PNPInfo@gov.bc.ca or in person at Suite 450 – 605 Robson Street, Vancouver BC.

You must complete this Final Report and submit it to the BC PNP office after 18 months but no later than 20 months from your Commencement Date. If you applied to the BC PNP prior to July 1, 2015 (your file number starts with "BR-" or "BS-"), your final report form and all supporting documents may be mailed, couriered or hand-delivered to the BC PNP offices in Vancouver. E-mail reports are not accepted. If you applied to the BC PNP after July 1, 2015 (i.e. your file number starts with BCE-), then you must submit your final report through your BCPNP Online dashboard.

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

Refer to the [Post-Arrival Guide and Checklist](#) for instructions.

### PERSONAL INFORMATION:

|   |                       |  |  |
|---|-----------------------|--|--|
| <b>Surname:</b>                         | <b>Given Names:</b>   | <b>Date of Birth (dd/mmm/yyyy):</b>                        | <b>BC PNP File Number:</b>                   |
| <b>Phone Number in B.C.:</b>            | <b>Email Address:</b> |  | <b>Work Permit Valid Until (dd/mmm/yyyy)</b> |
| <b>Current Mailing Address in B.C.:</b> |                       | <b>Current Residential Address in B.C. (if different):</b> |  |

### BUSINESS INFORMATION:

|   |                             |   |
|---|-----------------------------|---|
| <b>Legal Name of Company / Organization</b>   |                             | <b>Operating Name of Business (if different):</b>   |
| <b>Business Telephone Number:</b>   | <b>Business Fax Number:</b> | <b>Business E-mail Address:</b>   |
| <b>Business Website:</b>  |                             | <b>Business Commencement Date / Date of ownership transfer (if purchase of existing) (dd/mmm/yyyy):</b>                       |
| <b>Business Mailing Address:</b>  |                             | <b>Business Address (if different):</b>   |
| <b>Business Hours:</b>  |                             | <b>Number of full-time equivalent employees:</b>  |
| <b>NAICS of business (5-digits):</b>  |                             | <b>Did you purchase an existing business in British Columbia?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Identify the type of ownership:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation |                             |   |
| <b>Ownership Breakdown:</b>   |                             |   |
| <b>Name</b>   | <b>% of ownership</b>       |   |
|   |                             |   |
|   |                             |   |
|   |                             |   |

**Physical description of business site (zone, land area, floor space, etc.):**

**Description of major equipment and machinery purchased:**

**Description of products or services:**

**Description of inventory by type (e.g. finalized products, raw materials):**

**List of major business customers and their contact information:**

**List of major suppliers and their contact information:**

**Describe your business outlook:**

**Your role in the business:**

|  |  |                                   |  |
|--|--|-----------------------------------|--|
| <b>Job title:</b>  |  |                                   |  |
| <b>On average, how many hours per week do you spend managing the business?</b> |  | <b>NOC of position (4 digits)</b> |  |

**Describe the management activities you perform in running the business:****Eligible Personal Investment:**

List investment made in for each of the major investment breakdown categories of the signed Performance Agreement (*for hard capital investments provide itemized details*):

| Investment Item                           | Performance Agreement | Actual Investment |
|---|-----------------------|-------------------|
|   | \$                    | \$                |
|   | \$                    | \$                |
|   | \$                    | \$                |
|   | \$                    | \$                |
|   | \$                    | \$                |
|   | \$                    | \$                |
|   | \$                    | \$                |
|   | \$                    | \$                |
|   | \$                    | \$                |
|   | \$                    | \$                |
|   | \$                    | \$                |
|   | \$                    | \$                |
| <b>Total Eligible Personal Investment</b> | <b>\$</b>             | <b>\$</b>         |

**Provide a description of any leasehold improvements and of work involved:****Provide a description of any major investments in equipment:****Provide a description of operating expenses:**

**Job Creation / Maintenance:**

List of employees and their job titles, duties, pay and weekly workhours (they must be employed for more than six months at the time of documentation submission)

| Employee 1 |                          | New position             |             | Maintained position |                    |
|------------|--------------------------|--------------------------|-------------|---------------------|--------------------|
| Name       | Date began (dd/mmm/yyyy) | Date ended (dd/mmm/yyyy) | Hourly wage | Hours / week        | Immigration Status |
| Job title  |                          | Employee Duties          |             |                     |                    |

| Employee 2 |                          | New position             |             | Maintained position |                    |
|------------|--------------------------|--------------------------|-------------|---------------------|--------------------|
| Name       | Date began (dd/mmm/yyyy) | Date ended (dd/mmm/yyyy) | Hourly wage | Hours / week        | Immigration Status |
| Job title  |                          | Employee Duties          |             |                     |                    |

| Employee 3 |                          | New position             |             | Maintained position |                    |
|------------|--------------------------|--------------------------|-------------|---------------------|--------------------|
| Name       | Date began (dd/mmm/yyyy) | Date ended (dd/mmm/yyyy) | Hourly wage | Hours / week        | Immigration Status |
| Job title  |                          | Employee Duties          |             |                     |                    |

| Employee 4 |                          | New position             |             | Maintained position |                    |
|------------|--------------------------|--------------------------|-------------|---------------------|--------------------|
| Name       | Date began (dd/mmm/yyyy) | Date ended (dd/mmm/yyyy) | Hourly wage | Hours / week        | Immigration Status |
| Job title  |                          | Employee Duties          |             |                     |                    |

| Employee 5 |                          | New position             |             | Maintained position |                    |
|------------|--------------------------|--------------------------|-------------|---------------------|--------------------|
| Name       | Date began (dd/mmm/yyyy) | Date ended (dd/mmm/yyyy) | Hourly wage | Hours / week        | Immigration Status |
| Job title  |                          | Employee Duties          |             |                     |                    |

**NOTE:** The *Personal Information Protection Act* requires employers to obtain the consent of their employees when disclosing personal information. It is your responsibility to advise employees and obtain the consent to provide their names, addresses and employment dates to the Ministry.

**Key Staff (if applicable):**

| Key Staff Name   | Job title | Date began (dd/mmm/yyyy) | Date ended (dd/mmm/yyyy) | Hourly wage | Hours / week |
|------------------|-----------|--------------------------|--------------------------|-------------|--------------|
| Key Staff Duties |           |                          |                          |             |              |

**List all out-of-province travel since arriving in British Columbia on your PNP-supported Work Permit:**

| Destination City | Destination Country | From (dd/mmm/yyyy) | To (dd/mmm/yyyy) | Purpose of Travel |
|------------------|---------------------|--------------------|------------------|-------------------|
|                  |                     |                    |                  |                   |
|                  |                     |                    |                  |                   |
|                  |                     |                    |                  |                   |
|                  |                     |                    |                  |                   |
|                  |                     |                    |                  |                   |
|                  |                     |                    |                  |                   |
|                  |                     |                    |                  |                   |

**DECLARATION AND CONSENT:**

The information I have given in this application is truthful, complete and correct.

I understand that any misrepresentations, false statements and/or concealment of information, may result in the Province of British Columbia declining my application or, if applicable, cancelling my nomination.

I understand that, in relation to my application to the BC PNP, the Province of British Columbia may collect personal information about me and (if applicable) my dependents, both from me and from third parties (including my authorized representative), and may also use and disclose such personal information, for the purposes outlined in section 8 of the *Provincial Immigration Programs Act*, including for administering the BC PNP and assessing my BC PNP application(s), or as otherwise authorized under any other applicable legislation.

I understand that the third parties referred to above may include, but are not limited to, my authorized representative, current and former employers, professional organizations, industry associations, educational institutions, financial institutions, government or quasi-government agencies, and law enforcement agencies.

Effective on the date I submit this form, I provide my authorization and consent as follows:

1. In addition to the purposes listed above, the Province may also use and disclose, both inside and outside of Canada, personal information about me and (if applicable) my dependents that it has collected in relation to my BC PNP application for the purposes of:
  - a. ensuring compliance with applicable laws (other than the Immigration and Refugee Protection Act (Canada)); and
  - b. cooperating with other provinces for the purpose of evaluating the BC PNP and permitting other provinces to evaluate applications to that province's PNP, verifying information provided by me in an application to that province's PNP, and administering the PNP of that province.
2. The Province may collect personal information about me from third parties for the purposes listed in section 1 above.
3. This authorization and consent will not expire.

I understand I have read and understood the [BC PNP Entrepreneur Immigration Program Guide](#) and all of the above statements, and have obtained explanations on any points that were not clear to me.

|                                |                                   |
|--------------------------------|-----------------------------------|
| <b>Signature of Applicant:</b> | <b>Date signed (dd/mmm/yyyy):</b> |
|--------------------------------|-----------------------------------|