



BC Provincial Nominee Program – Entrepreneur Immigration Program

Expression of Interest Form

The purpose of this form is to assist the District of Mackenzie in determining whether your background and business interest is a potentially successful fit for the community and the BC PNP Entrepreneur Immigration – Regional Pilot Program.

Please send completed forms and attachments to bcpnp@districtofmackenzie.ca

Please Note: We cannot accept emails over 20 Mb in size. Please feel free to send your submission in multiple emails (labelled 1, 2, 3 etc.) if necessary.

Entrepreneur & Business Information

| | | |
|--|---|-----------------------|
| Full Legal Name of APPLICANT: | | Date of Birth: |
| Country of Birth: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Phone Number: | Email: | |
| Address: | | |
| English Test Score: _____ (<i>IELTS - International English Language Testing System</i>) | | |
| If no IELTS test please check: <input type="checkbox"/> No/little English <input type="checkbox"/> Moderate proficiency, can communicate well in most situations <input type="checkbox"/> Higher language proficiency, fluent | | |
| Proposed Business NAICS Code: | | |



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Please provide a brief overview of the type of business that you would be interested in investing in or starting in Mackenzie:

How did you hear about the BC PNP's Entrepreneur Immigration – Regional Pilot?

The following information is optional, however in the event that you are invited for an exploratory visit, it may assist us in planning your visit to the community:

Full Legal Name of SPOUSE *(if applicable):*

Gender: Male Female

Current Occupation of SPOUSE *(optional):*

English Test Score of Spouse *(optional):* _____

If no IELTS test please check:

- No/little English
- Moderate proficiency, can communicate well in most situations
- Higher language proficiency, fluent

Number of Dependent Children *(optional):*

Ages of Children *(optional):*



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Authorization to Disclose

I/We _____ do hereby authorize the District of Mackenzie staff to enquire with the BC Provincial Nominee Program (BC-PNP) staff regarding my/our potential application to the BC PNP's Entrepreneur Immigration – Regional Pilot program for the purposes of determining my eligibility under thee. We hereby authorize the sharing of information between both parties for the purposes indicated above. We also consent to having direct contact with an authorized representative of the District of Mackenzie for the purposes of discussing our application to the BC PNP's Entrepreneur Immigration – Regional Pilot program here in Mackenzie, and understand this contact is likely to be by telephone and email. We also consent to having our C.V. / resume and related information shared with select individuals in the District of Mackenzie to assist with the planning process.

By submitting this expression of interest form to the District of Mackenzie, I acknowledge:

- All information submitted in this form is true to the best of my knowledge.
- I/We also acknowledge that any misrepresentation of information may result in my/our application being declined and I/we may not be able to participate in this initiative now or in the future.
- Submission of this form does not automatically guarantee an invite to the community for an exploratory visit.
- I/We will accept the decision regarding an invite for an exploratory visit to Mackenzie unconditionally.
- District of Mackenzie may request further information from me before inviting myself for an exploratory visit.
- An invite for an exploratory visit does not automatically guarantee a referral from the District of Mackenzie to the BC PNP's Entrepreneur Immigration – Regional Pilot.
- I/We may change or cancel this authorization at any time except for such action as has already been taken.
- This consent includes my/our dependents.
- This consent is given for the stated purposes and for no other purpose without my/our written consent.



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| | |
|---|--------------|
| APPLICANT Full Legal Name: | |
| Signature: | Date: |
| SPOUSE Full Legal Name <i>(if applicable):</i> | |
| Signature: | Date: |

Attachments:

Please attach the following in your submission, if available:

- Self-assessment score from the BC PNP registration system
- Proof of English language proficiency
- Resume/C.V.