

Applicant Identification & Contact Details			
Full Name:		Date of Birth :	
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>yyyy/mm/dd</i>
Please provide your contact information below. Do not include the contact information of your representative.			
Residential Address:			
<i>Street Number, Street Name</i>		<i>Apartment/Unit #</i>	
<i>City/ Town</i>	<i>Province/State</i>	<i>Country</i>	<i>Postal Code</i>
Home Phone No: <i>Country Code, Area Code, Phone Number</i>		Cell Phone No: <i>Country Code, Area Code, Phone Number</i>	
Email:	Personal Web Page:	Fax : <i>Country Code, Area Code, Fax Number</i>	
Mailing Address - Same as Residential Address?		Yes	No
If NO, provide Mailing Address. Do not use mailing address of your representative			
<i>Street Number, Street Name</i>		<i>Apartment/Unit #</i>	
<i>City/ Town</i>	<i>Province/State</i>	<i>Country</i>	<i>Postal Code</i>
Alternate Phone No: <i>Country Code, Area Code, Phone Number</i>		Alternate Phone No: <i>Country Code, Area Code, Phone Number</i>	
Canadian Immigration Application History			
Please include information concerning all previous immigration applications (including a Certificat de sélection du Québec (CSQ – Québec Selection Certificate) or an application to the Provincial Nominee Program) made by you and your spouse or common-law partner.			
Have you or your spouse ever applied to a Canadian immigration program?		Yes	No
Name of Applicant:		Name of Immigration Program:	
File Number:		Proposed Destination:	
Status/Decision:		Date of Decision: <i>yyyy/mm/dd</i>	
Exploratory Visit to Canada / Manitoba			
Have you visited Canada? Yes No		From: <i>yyyy/mm/dd</i>	To: <i>yyyy/mm/dd</i>
Have you visited Manitoba? Yes No		From: <i>yyyy/mm/dd</i>	To: <i>yyyy/mm/dd</i>

Note: If additional space is required for any section, please use the additional sheet(s) at the end of this form.

Experience in Business Management / Ownership

Please enclose a separate sheet for each business experience within the last 15 years starting with the most recent business that you have owned or managed.

Registered Business Name:

Registered Business Name in your native language or script:

(e.g. Arabic, Cyrillic, Chinese, Korean, Japanese characters or Chinese commercial/telegraphic code)

Specify entire period of your involvement in this business

From: *yyyy/mm/dd*

To: *yyyy/mm/dd*

If you are/were a senior manager, identify your position:

Identify type of ownership: (E.g. Corporation; Limited Company; Partnership, Sole Ownership, etc.):

Identify the percentage of your ownership in this business: % Date of acquisition of this percentage of ownership: *yyyy/mm/dd*

Business Performance:

Complete this table for the last 3 years beginning with the current year:

Year	Turnover or Revenue	Net Profit	# of Employees	Assets	Liabilities

Describe your farm operation in terms of the type of production, scale or size, your role, etc.

Describe your duties and responsibilities (labor, production operation, administration, financial management, etc):

Relatives in Canada

Please include details of all relatives that have legal status in Canada including those who do not currently reside in Canada.

Full Name of Relative:	Relationship:
<i>Area Code, Phone Number</i>	<i>Area Code, Phone Number</i>
Home Phone:	Cell Phone:
Current Address:	
Length of Residence:	
Please include details of relative's status in Canada:	
Permanent Resident	Date of Permanent Resident Status: <i>yyyy/mm/dd</i>
Canadian Citizen	Date of Canadian Citizen Status: <i>yyyy/mm/dd</i>
Other If Other, Specify:	Date of Entry into Canada: <i>yyyy/mm/dd</i>

Employment in Canada

Have you or your spouse or common-law partner ever worked in Canada?			Yes	No
Principal Applicant	From: <i>yyyy/mm/dd</i>	To: <i>yyyy/mm/dd</i>		
Spouse	<i>Area Code, Phone Number</i>			
Name of Employer:	Phone:			
Job Title:	Supervisor:			
Address of Employer:				
Duties and Responsibilities:				

Language Ability

If applicable, you or your spouse or common-law partner is required to submit Official Language Test results with your MPNP application. To calculate your equivalent Canadian Language Benchmark (CLB) score you can use calculators available on our website. You must use your CLB score while assessing your point under Adaptability Assessment Matrix.

Principal Applicant	Date of Test: <i>yyyy/mm/dd</i>			
International English Language Testing System (IELTS)- General Training:	<i>L</i>	<i>R</i>	<i>W</i>	<i>S</i>
Canadian English Language Proficiency Index Program (CELPIP-General):	<i>L</i>	<i>R</i>	<i>W</i>	<i>S</i>
Test d'Evaluation de Français (TEF) :	<i>L</i>	<i>R</i>	<i>W</i>	<i>S</i>
Spouse	Date of Test: <i>yyyy/mm/dd</i>			
International English Language Testing System (IELTS)- General Training:	<i>L</i>	<i>R</i>	<i>W</i>	<i>S</i>
Canadian English Language Proficiency Index Program (CELPIP-General):	<i>L</i>	<i>R</i>	<i>W</i>	<i>S</i>
Test d'Evaluation de Français (TEF) :	<i>L</i>	<i>R</i>	<i>W</i>	<i>S</i>

***Note: L - Listening, R - Reading, W - Writing, S – Speaking**

Education in Canada

Have you or your spouse or common-law partner ever studied in Canada? **Yes** **No**

Principal Applicant **Spouse**

Name of school/ College/ University:	Program Completed / Enrolled in:	From: <i>yyyy/mm/dd</i>	To: <i>yyyy/mm/dd</i>

Child's Education in Canada

Has your child been enrolled in an accredited Canadian Educational Institution on a full-time basis? **Yes** **No**

Name of Child:

Current Address:

Email: _____ **Phone:** _____ *Area Code, Phone Number*

Name of School/ College/ University:	Program Completed / Enrolled in:	From: <i>yyyy/mm/dd</i>	To: <i>yyyy/mm/dd</i>

Disclaimer and Signature

I declare that the information I have given in this application is truthful, complete and correct. I understand that material misrepresentation of a relevant fact may be grounds for refusal or revocation of a nomination certificate. If the Manitoba Provincial Nominee Program (MPNP) becomes aware of or discovers discrepancies, such as false submissions, omissions, etc. of a relevant and material nature in an application or other applicant-provided information, the application may be declined, even when such misrepresentations are made by a representative of the applicant rather than the applicant themselves.

I intend to live in rural Manitoba on a permanent basis along with my dependent family members. I intend to invest not less than \$300,000 CAD from my own sources, in a farm operation in Manitoba and intend to manage this business on a day-to-day basis.

I agree to provide the MPNP with my address and telephone number within 30 days after my first arrival in Canada as a Permanent Resident. I also agree to inform the MPNP of changes to my address or phone number on a regular basis for the next two years.

I certify that I reviewed all the documents and information submitted with my application to the MPNP. I understand that I am responsible for the accuracy and veracity of the documents and information submitted with my application. This is also true for any information or documents provided by my representative on my behalf.

I understand all the foregoing statements. I have asked for and obtained an explanation on every point that was not clear to me.

Name of Applicant:

Signature of Applicant: _____ **Date:** _____

Additional Information

Empty space for providing additional information.

Additional Information

[Empty space for additional information]