

Report Your Landing Form – Entrepreneurial Stream

New Brunswick Provincial Nominee Program (NBNPP)

If approved by Immigration, Refugees and Citizenship Canada (IRCC) for permanent residence to Canada, you will receive written confirmation and permanent resident visa(s) will be issued. Upon receipt of all the necessary documentation from IRCC, you will be able to complete the process of becoming a permanent resident by landing in Canada and obtaining a permanent resident card. Within 30 days of landing in Canada you must submit this form to the NBNPP. A representative from the NBNPP will contact you to schedule a post-landing arrival appointment.

Note: Section 87(2)(b) of the *Immigration Refugee Protection Act*, S.C. 2001, c. 27, Regulations (the “IRPA Regulations”) states that a foreign national is member of the nominee class if they intend to reside in the province that nominated them

Email this completed form to: es-ve@gnb.ca

Email subject line: Report My Landing (NBNPP# or INB#)

Email body: LAST NAME, First Name

Documents to attach:

- Report You Landing Form – Entrepreneurial Stream (NB-013ES)
- Confirmation of Permanent Residence Document(s) issued by IRCC

| PRINCIPAL APPLICANT INFORMATION | |
|---|---|
| Family name exactly as shown on your passport or travel document | Landing date in Canada (mm-dd-yyyy) |
| First name, Middle name exactly as shown on your passport or travel document | Arrival date in New Brunswick (mm-dd-yyyy) |
| Date of Birth (mm-dd-yyyy) | NBNPP# or INB# |

| PRINCIPAL APPLICANT CONTACT INFORMATION FOR ALL CORRESPONDENCE+ | | | | | |
|---|-----------|-------------------------|-------------|-----------------------------------|-------------|
| E-mail address for all correspondence++ | | Telephone number | | Alternate telephone number | |
| Current mailing address, including postal code (All correspondence will go to this address unless you indicate your email address) | | | | | |
| PO Box | Apt./Unit | Street no. | Street name | City or Town | |
| Country | | Province or State | | District | Postal Code |
| Current residential address, including postal code | | | | | |
| PO Box | Apt./Unit | Street no. | Street name | City or Town | |
| Country | | Province or State | | District | Postal Code |

+You must provide your personal contact information. Do not use third party contact information including immigration representatives

++Indicating an email address will authorize all correspondence, including file and personal information, to be sent to this address

| DEPENDENT FAMILY MEMBERS LANDING INFORMATION | | | |
|---|----------------------|-----------------------|--------------------------------------|
| Family name(s) | First name(s) | Middle name(s) | Landing date (mm-dd-yyyy) |
| | | | |
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| PLEASE INDICATE ANY PRE-ARRIVAL SERVICES THAT YOU HAVE ACCESSED | | | |
|--|------------|-----------|--------------------------------|
| Pre-Arrival Services | Yes | No | Details (as applicable) |
| Canadian Immigration Integration Program (CIIP) | | | |
| Other: | | | |
| Other: | | | |

| HAVE YOU CONTACTED ANY IMMIGRANT SERVING AGENCIES IN NEW BRUNSWICK? | |
|--|-----------------------------|
| If so, please provide the agency name and a brief description of your experience | |
| Immigrant serving agency | Rate your experience |
| | |
| | |
| | |

PLEASE INDICATE ANY SETTLEMENT SERVICES THAT YOU HAVE ACCESSED, OR WILL ACCESS IN NEW BRUNSWICK

| Settlement Services | Accessed | Will Access | Details (as applicable) |
|-------------------------------------|----------|-------------|-------------------------|
| English language classes | | | |
| French language classes | | | |
| Employment services | | | |
| Pre-employment services | | | |
| Business immigrant support services | | | |
| Children and youth services | | | |
| Other: | | | |
| Other: | | | |

IN PREPARATION FOR YOUR POST-ARRIVAL APPOINTMENT PLEASE INCLUDE YOUR COMMENTS AND QUESTIONS BELOW

CANDIDATE DECLARATION

I, _____, do solemnly declare that the information I have given in the forgoing application is truthful, complete and correct, and I make this solemn declaration believing it to be true and knowing that it is of the same force and effect as if made under oath. I understand that any false statements or concealment of a material fact may result in my exclusion from the NBPNP. I understand all the above information, having had the opportunity to ask for or having asked for and obtained an explanation on every point which was not clear to me. I will immediately inform the NBPNP if any of the information or the answers provided in my application forms change.

Signature of Candidate

Date (mm-dd-yyyy)

Personal information on this form is collected under the authority of the *Immigration and Refugee Protection Act*, SC 2001 c.27. The purpose of the collection is to process your application for the New Brunswick Provincial Nominee Program (NBPNP). The information will be used for research, performance measurement and/or evaluation of the Program. If you have any questions about the collection and handling of personal information you may contact the Director of Workforce Attraction & Integration, Government of New Brunswick, Place 2000, 250 King Street, Fredericton, New Brunswick, Canada, E3B 9M9.
Telephone: (506)453-3981; Email: es-ve@gnb.ca; Website: www.welcomenb.ca.