



Office of Immigration

Office of Immigration
94 Euston Street, 2nd Floor
PO Box 1176
Charlottetown, Prince Edward Island
Canada C1A 7M8

Telephone: 902 620 3628
Facsimile: 902 368 5886
Email: immigratepei@gov.pe.ca
Website: immigratepei.ca

BUSINESS IMPACT CONSENT TO VALIDATE INFORMATION FORM

Please print clearly or type. This form must be completed separately by both the principal applicant and the spouse.

Form fields for Last Name, First Name, Middle Name, Passport #, and Date of Birth.

Please indicate if: [ ] Principal Applicant [ ] Spouse/Common-law Partner

Declarations

I acknowledge that Island Investment Development Inc., its officers, employees, agents, third party service providers, and such other persons that may be retained from time to time (collectively referred to herein as "IIDI"), is the Crown corporation that administers the Prince Edward Island Provincial Nominee Program (the "PEI PNP").
I understand that the personal information collected by IIDI, as provided in Schedule "A" attached hereto, will be used and disclosed for the purpose of administering the PEI PNP.
I understand that IIDI must protect and appropriately handle my personal information in accordance with the Act.
I understand that all personal information that I provide is accurate, and that if there are any changes, I will immediately inform IIDI.
I understand that if I withhold or withdraw my consent, or a portion thereof relating to my application (in writing), the processing of my application will be terminated.
I acknowledge that this authorization is valid for the duration of my participation in the PEI PNP and the monitoring associated with it, and to carry out the evaluation of the PEI PNP, as established by IIDI.
If you have any questions about the collection of personal information on this form, you may contact the Office of Immigration at: 94 Euston Street, Charlottetown, Prince Edward Island, C1A 7M8. Telephone: (902) 620-3628 Facsimile: (902) 368-5886
Email: immigratepei@gov.pe.ca Website: immigratepei.ca

Consent to Collect, Use and Retain Personal Information

By signing and submitting this form, I, \_\_\_\_\_, hereby consent to allow IIDI to collect, use, and retain personal information regarding myself or any dependent of my family contained in my PEI PNP application and my federal immigration application to:

- verify the information I submit for the PEI PNP,
assess my eligibility as a Provincial Nominee Applicant,
monitor my compliance with the PEI PNP requirements, and
evaluate the PEI PNP for research and improvement purposes.

If I am granted permanent resident status to Canada, I further consent to allow IIDI to collect, use and retain personal information regarding my Canadian address(es), telephone number(s), email address(es), social insurance number(s), employment, business ownership, and my marital status, income, assets, liabilities, taxation, and benefits received under Provincial and Federal Government programs, and any other necessary information that will be used for the following purposes:

- to determine if I am economically established in Prince Edward Island,
to monitor my compliance with settlement requirements of the PEI PNP, and
to contact me to participate in an evaluation of the PEI PNP.

I understand the information required above will be collected from myself, as well as any source identified by IIDI, such as my Canadian employer(s).

**Consent to Disclose Personal Information**

Notwithstanding the foregoing, by signing and submitting this form, I, \_\_\_\_\_, hereby consent to IIDI disclosing personal information regarding myself or any dependent of my family contained in my PEI PNP application and my federal immigration application:

- to third party contractors to validate the information contained in my application to the PNP and my federal immigration application. I understand that the third party contractor will verify my educational qualifications, business background, employment history and personal history through conduction of enquiries outside Canada with government and non-government organizations, as required. The third party agent engaged for verification purposes may include:

**Atlantic Security Group Incorporated**

PO Box 55  
8829 Hwy 215  
Maitland, NS B0N 1T0

or any other third party contractor as IIDI may from time to time elect to engage.

- to third party evaluators to evaluate the PEI PNP. I understand that I may be contacted by IIDI or third party evaluators for up to five years following the receipt of permanent resident status; and
- to representatives from Immigration, Refugees and Citizenship Canada for:
  - sharing information regarding my PEI PNP application, including processing the application;
  - monitoring the PEI PNP; and
  - evaluating the PEI PNP.

Signed at: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
(city) (province / state) (country)

<b>Name of Applicant (Please Print)</b>	<b>Signature</b>	<b>Date (d/m/y)</b>
<b>Name of Witness (Please Print)</b>	<b>Signature</b>	<b>Date (d/m/y)</b>



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**BUSINESS IMPACT CONSENT TO VALIDATE INFORMATION FORM – SCHEDULE A**

Confidential when completed. Please include additional sheets, if required.

**Personal Information**

Last Name	First Name	Middle Name	Other Name
Date of Birth (dd/mm/yyyy)	Place of Birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Citizenship
Identity # or Driver's #	Date of Issue (dd/mm/yyyy)	Other Identification	Canadian Visa Serial no: Type: Working <input type="checkbox"/> Student <input type="checkbox"/> N/A <input type="checkbox"/> Other <input type="checkbox"/>
Current Address	City/District	Country	Resident From / To

**Previous Address (last 5 years)**

Address 1	City/District	Country	Resident From / To
Address 2	City/District	Country	Resident From / To
Address 3	City/District	Country	Resident From / To

**Education**

Institution/City/District/Country	Date Graduated (dd/mm/yyyy)	Qualification	Tutor/Contact Person
Institution/City/District/Country	Date Graduated (dd/mm/yyyy)	Qualification	Tutor/Contact Person
Institution/City/District/Country	Date Graduated (dd/mm/yyyy)	Qualification	Tutor/Contact Person
Institution/City/District/Country	Date Graduated (dd/mm/yyyy)	Qualification	Tutor/Contact Person
Institution/City/District/Country	Date Graduated (dd/mm/yyyy)	Qualification	Tutor/Contact Person

<b>Employment ( 5 years continuous employment must be shown)</b>			
Company and Address	Position Held	Employed From / To	Manager/Contact Person
Company and Address	Position Held	Employed From / To	Manager/Contact Person
Company and Address	Position Held	Employed From / To	Manager/Contact Person
Company and Address	Position Held	Employed From / To	Manager/Contact Person

<b>Financial Institutions</b>				
Institution	City/District/Country	Type of Account	Account Number	Contact Person
Institution	City/District/Country	Type of Account	Account Number	Contact Person
Institution	City/District/Country	Type of Account	Account Number	Contact Person
Institution	City/District/Country	Type of Account	Account Number	Contact Person
Institution	City/District/Country	Type of Account	Account Number	Contact Person
Institution	City/District/Country	Type of Account	Account Number	Contact Person
Institution	City/District/Country	Type of Account	Account Number	Contact Person
Institution	City/District/Country	Type of Account	Account Number	Contact Person

<b>Business Owned (last 5 years)</b>			
Business Name	Registration #	Date of Registration (dd/mm/yyyy)	Authorized Capital
Business Name	Registration #	Date of Registration (dd/mm/yyyy)	Authorized Capital
Business Name	Registration #	Date of Registration (dd/mm/yyyy)	Authorized Capital

**I hereby consent and authorize the province of Prince Edward Island to release the information contained in this document to a third party to be verified.**

Signature of Applicant	Date (d/m/y)
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