



SINP Entrepreneur Category Chartered Professional Accountant Certificate

*** **For Use by Nominated Entrepreneur Category Applicants Only** ***

Date: _____
(DD – MMM – YYYY)

**Re: Saskatchewan Immigrant Nominee Program (SINP) – Entrepreneur and Farm Unit
Equity Investment**

Name of Applicant: _____ (“Applicant”). Date of Birth: _____

SINP File Number: _____, SINP Nomination Number: _____

I, as the Chartered Professional Accountant, hired by the Applicant, hereby certify that the Applicant has invested \$ _____ of his/her own personal net worth.

This was done through a transfer of funds through the Applicant’s account in his/her country of origin to a Canadian account described as follows:

Date of Transfer	Supporting Document from Financial Institution in Country of Origin	Supporting Document from Financial Institution in Canada	Amount

Alternatively, the investment was made through another method (Please describe below. This area can also be used to provide more detail on investments listed above.):

As per the signed Business Performance Agreement (BPA), the Applicant has met their investment commitment as follows (As per Schedule B of the BPA, please list all receipts, invoices, agreements/contracts, cancelled cheques, or other supporting documents that demonstrate a proof of investment. Attach all documents that are listed.):

Capital Assets			
Expenditure	Supporting Documents	Date	Amount
Land			
Buildings			
Equipment			
Software			
Licenses			
Franchise Fees			
Leasehold Improvements			
Pre-Paid Lease Agreement			
Share Capital			
Professional Fees			
Vehicle			
Other (Please List)			
Total			
Working Capital			
Expenditure	Supporting Documents	Date	Amount
Cash			
Inventory			
Receivables			
Start-Up Costs			
Salaries			
Marketing Trips			
Educational Courses			
Pre-Paid Insurance			
Business Supplies			
Other (Please List)			
Total			
Total Capital Assets and Working Capital			

Upon arriving in Canada, the Applicant has also assumed the following debts and/or liabilities:

Date	Description	Lender/Institution	Debt/Liability Amount

I further certify that the Applicant owns _____ percent of the Business, _____
(name of business)

 Printed Name

 Signature

 Title/Designation

 Date (DD – MMM – YYYY)