

Related Businesses

List Related Businesses (Legal Names)	Describe How Business is related to the Applicant
_____	_____
_____	_____
_____	_____
_____	_____

Declaration of Applicant (Signed by authorized person on behalf of the business)

I declare that I have personal knowledge of the matters discussed in this application and state that: I have contacted the appropriate Government representatives and supplied all requested information and supporting documents; to the best of my knowledge, all statements made and material provided by or on behalf of the undersigned are true and correct; the applicant business complies with all municipal, territorial and federal laws; I agree to permit the BDIC to make inquiries and credit checks and to obtain any other information necessary to evaluate this application; and I make this declaration knowing it to be true and knowing that it is of the same force and effect as if made under oath.

I further acknowledge and consent that, if my business enterprise receives any funds or investment as a result of this application, the information contained in the application may be publicly disclosed in an Annual Report of the BDIC. This information may include, but is not limited to, the name of the business enterprise including any of its trade names, the name of the owner(s) of the business, the total amount of financial assistance provided to or investments made in the business, the name of the community in which the business enterprise is located and/or the location of its head office.

 Authorized Signature of Applicant Date (dd/mm/yy) Location

Declaration of Applicant (To be signed by all Shareholders, Sole Proprietors, or Partners)

I the undersigned hereby declares that all information provided herein is true, complete and correct, to the best of my knowledge. I understand that the information contained herein may be used by the NWT Business Development & Investment Corporation ("BDIC") to determine program eligibility. **I further consent to the BDIC making any credit and general inquiries necessary in relation to this application and to the disclosure of any credit information about me, to any credit reporting agency, organization or person with whom I have a financial relationship. This is to include the GNWT Department of Finance.**

Name: _____ D/O/B: _____ Signature: _____ Date: _____

Name: _____ D/O/B: _____ Signature: _____ Date: _____

Name: _____ D/O/B: _____ Signature: _____ Date: _____

Name: _____ D/O/B: _____ Signature: _____ Date: _____