

Start-up business class commitment certificate

INSTRUCTIONS FOR COMPLETION

Please ensure that you read the instructions (IMM 5766 EGG) related to the corresponding fields and send the completed form to Immigration, Refugees and Citizenship Canada, using either Entrust or as an email attachment.

Fill out one Commitment Certificate for the Entrepreneurial Team, numbering and listing all of the members, and provide a Letter of Support (on page 5 of this document) to each member of the team.

| Commitment Certificate | | | |
|---------------------------------------|---------------------------------|--------------------------|--------------------------------|
| Term Sheet/Client Agreement included. | Date of commitment (YYYY-MM-DD) | Expiry date (YYYY-MM-DD) | |
| 1.0 Designated Entity Information | | | |
| 1.1 Name of the designated entity. | | | 1.2 Type of designated entity. |
| | | | |

2.0 Applicant Information

| 2.1 Applicant - Family name (as stated in passport). | Given name(s) (as stated in passport). | Other name(s). |
|--|---|----------------|
| 2.2 Date of birth of applicant (YYYY-MM-DD). | 2.3 Country or territory of birth of applicant (as stated in pass | sport). |
| 2.4 Is this person essential to the Yes No business? | 2.5 Applicant - Mailing address. | |
| 2.6 Telephone number | 2.7 Email address | |

3.0 Members of the Entrepreneurial Team (who are not Canadian citizens or permanent residents)

Refers to the other members of the entrepreneurial team that you are investing in who are applying for visas on the basis of the same commitment. Ensure that the name and numbers of the members of the team match those on the Letter of Support.

| 3.1 Team member # 1 - Family name (as stated in passport). | | | Given name(s) (as stated in passport). | | | |
|--|--|--------------|--|-----|--------|--|
| Date of birth of team member # 1 (YYYY-MM-DD). | Country or territory of birth of team me | mber # 1. | Is team member # 1 essential? | Yes | No No | |
| Mailing address of team member # 1. | | | | | | |
| Telephone number of team member # 1. | Email address of team member a | # 1. | | | / | |
| 3.2 Team member # 2 - Family name (as stated in pa | ssport). | Given name(s | s) (as stated in passport). | | | |
| Date of birth of team member # 2 (YYYY-MM-DD). | Country or territory of birth of team me | mber # 2. | Is team member # 2 essential? | Yes | No | |
| Mailing address of team member # 2. | | | | | | |
| Telephone number of team member # 2. | Email address of team member | # 2. | | | | |
| 3.3 Team member # 3 - Family name (as stated in pa | ssport). | Given name(s | s) (as stated in passport). | | | |
| IMM 5766 (02-2020) E | (DISPONIBLE EN FRAN | CAIS - IMM 5 | 5766 F) | | Canada | |

PAGE 2 OF 5

| | | | | | | | PAGE 2 OF 5 |
|--|------------------|-----------------------------|-------------------|----------------------|----------------------|------------------|--------------------|
| Date of birth of team member # 3 (YYYY-MM-DD). | Country or te | erritory of birth of team r | nember # 3. | Is team member # | # 3 essential? | Yes | No |
| Mailing address of team member # 3. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Telephone number of team member # 3. | Email | address of team membe | er # 3. | | | | |
| | | | | | | | |
| 3.4 Team member # 4 - Family name (as stated in pas | sport). | | Given name(s |) (as stated in pass | port). | | |
| | . , | | | | . , | | |
| Date of birth of team member # 4 (YYYY-MM-DD). | Country or te | erritory of birth of team r | nember # 4. | Is team member # | 4 essential? | Yes | No |
| Mailing address of team member # 4. | | | | I | | | |
| | | | | | | | |
| | | | | | | | |
| Telephone number of team member # 4. | Email a | address of team membe | er # 4. | | | | |
| | | | | | | | |
| 3.5 Team member # 5 - Family name (as stated in pas | sport). | | Given name(s |) (as stated in pass | port). | | |
| | | | | | | | |
| Date of birth of team member # 5 (YYYY-MM-DD). | Country or te | erritory of birth of team r | nember # 5. | Is team member # | # 5 essential? | Yes | No No |
| Mailing address of team member # 5. | 1 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Telephone number of team member # 5. | Email | address of team membe | er # 5. | | | | |
| | | | | | | | |
| 4.0 Business Information | | | | | | | |
| 4.1a Identify the name (or working title) of the business | 5. | | 4.1b Identify the | e legal name of the | business (if differe | ent). | |
| | | | | | | | |
| 4.2 Describe the type of business that the applicant is | proposing to es | stablish. | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4.3 Identify the industry sector of the business: | | | | | | | |
| | | | | | | | |
| Agriculture (includes forestry). | | | | | | | |
| Clean Technology (includes renewable energy, e chemistry and new materials). | environmental | technology and climate | change mitigati | on, water and food | security, sustaina | ble design and e | engineering, green |
| Energy (includes oil and gas, infrastructure techn | ology, power a | nd utilities). | | | | | |
| Information and Communications Technology e-commerce, mobile technology, gaming). | (includes softw | vare, hardware and net | works, digital m | edia and social netv | vorks, web-based | services and clo | oud computing, |
| Life Sciences (includes healthcare, pharmaceutic | cals, biotechno | logy and neurotechnolo | gy, medical equ | ipment). | | | |
| Manufacturing (includes industrial and advanced | l materials, aut | omotive and transportat | ion, computers | and electronics). | | | |
| | | | | | | | |
| Services (includes retail, food and beverage, leis | ure and tourisn | n, risk and security, fina | ncial services, i | ridesharing and tran | sportation). | | |
| Other. | | | | | | | |
| Please specify: | | | | | | | |
| 4.4 Where will the start-up business be established and | d operate? | City | | | Province | | |

| | | | PAGE 3 OF \$ |
|---|---|-----------|-----------------|
| 4.5 Are there urgent business reasons for the applicant to come to Canada before permanent | residence is obtained? | Yes | No |
| If yes, provide an explanation. | | | |
| | | | |
| | | | |
| 4.6 Please provide details of which essential part(s) of the business operation(s) will be condu | icted in Canada. | | |
| | | | |
| | | | |
| 5.0 Business Structure | | | |
| 5.1 Have you confirmed that the applicant has control over any intellectual property and other | assets being brought into the business? | Yes | No |
| 5.2 What is the financial and legal structure of the business? Include details related to the include | orporation or future plans for incorporation. | | |
| | | | |
| | | | |
| 5.3 Describe the role of each of the members of the team and provide a basic job description | for each. | | |
| | | | |
| | | | |
| 5.4 How much money are you, as the lead designated entity, investing in the proposed busin | ess, in the form of: | | |
| Name of designated entity: | | | |
| a) Cash – Specify amount: | | | |
| b) In kind – Itemize the contribution: | | | |
| - Specify the value of this contribution: | | | |
| c) Other – Itemize the contribution: | | | |
| - Specify the value of this contribution: | | | |
| | | | + - |
| 5.5 Is there any other person or entity (in addition to the designated entity named in 1.0 and t expected to hold an interest in the business? If the designated entity is an Angel Investor Group of the designated entity is an | | Yes | □ No |
| in the current business venture. | | | |
| | | | |
| 5.6 If yes, please identify the following: • Name of other person or entity: | | | |
| Amount of investment: | | | |
| Percentage of ownership: Function and role of person or entity: | | | |
| Name of other person or entity: | Amount of investment: | Percentag | e of ownership: |

%

Function and role of person or entity:

5.7a Itemize all services to be provided to these applicants by the designated entity.

5.7b Itemize:

• all fees to be charged of these applicants by the designated entity and any other costs to the applicants or exchange of funds that will take place

• when these fees/funds will be collected

5.7c Specify any other terms and conditions applicable to the investment and/or the commitment being made by the designated entity.

PAGE 4 OF 5

| | | PAGE 4 OF : |
|--|----------------|-----------------|
| | | |
| 5.8 Is this business a qualifying business as defined for the purposes of the Start-up Business Class? | Yes | No No |
| 5.9 If you are a designated business incubator, has the applicant been accepted into an incubator program? | Yes | No |
| If yes, please identify the program name, start date, location and duration. | | |
| | | |
| 5.0 Due Diligence | | |
| 6.1 Have you performed due diligence on the applicant, business and investment as required (including provenance of funds)? | Yes | No |
| 7.0 Background Information | | |
| 7.1 Are you related to anyone involved in this business? If yes, please attach a separate document identifying the related person(s) and describe the relationship. | Yes | No |
| 7.2 Have you ever done business with anyone involved in this business? If yes, please attach a separate document identifying the persons involved and explaining the previous business relationship. | Yes | No |
| 7.3 How did you become aware of this business plan? | | |
| | | |
| 7.4 List all individuals who prepared the business plan, as well as their contact information. | | |
| | | |
| 3.0 Work Permit for Essential Applicant (if applicable) | | |
| 8.1 Has your organization confirmed that the applicant has sufficient financial resources to support themselves during the 52-week period for which a work permit is sought? | Yes | No No |
| | | |
| You must submit truthful, complete and accurate information. Any false statements or concealment of any material fact may result in, but is consequences: | not limited to | , the following |
| Revocation of your organization's designation under the Start-up Business Class Refusal of the applicants' application for permanent residence | | |
| If the officer is not satisfied that your organization (the designated entity) assessed the applicants and their business in a manner consisten that the terms of the commitment that your organization has issued are consistent with industry standards, the applicants' application for per- refused. | | |

Relevant information collected by IRCC, including personal information, that relates to the applicant, the application, the commitment, the designated entity which is party to the commitment, and the qualifying business to which the commitment relates may be disclosed to an appropriate organization(s) for the purpose of an independent assessment by a peer review panel, or a review or inspection of your organization (the designated entity).



PAGE 5 OF 5

START-UP BUSINESS CLASS COMMITMENT CERTIFICATE - LETTER OF SUPPORT

GENERAL INFORMATION

You must include this Letter of Support with your complete application for permanent residence which must be submitted to the Centralized Intake Office in Sydney, Nova Scotia.

Refer to the <u>Start-up Business application guide</u> for more information on how to submit your application.

This document is your Letter of Support provided to you by designated entity. It contains a summary of details that were provided to the Department of Immigration, Refugees and Citizenship Canada by the entity supporting your business proposal.

The Designated entity must provide a Letter of Support specific to each individual applying for the permanent residence.

Designated Entity and Commitment Certificate Information

| Designated entity | | Date issued (YYYY-MM-DD) | Expiry date (YYYY-MM-DD) |
|---|----------------------------|-----------------------------|--------------------------|
| Applicant Information | | | |
| Applicant - Family name (as stated in passport) | Given name(| (s) (as stated in passport) | |
| Date of birth (YYYY-MM-DD) | Country or te | erritory of birth | |
| Mailing address | | | |
| Is the person listed in the commitment certificate? | | | |
| If yes, please provide the urgent reasons for the applicant to obtain a work permit | t before the permanent res | sidence is obtained | |
| | | | |
| Team Member Information | | | |

| Team member | | Date of birth | Essential | |
|-------------------------------------|---------------------------------------|---------------|-----------|--|
| Family name (as stated in passport) | Given name(s) (as stated in passport) | (YYYY-MM-DD) | Lasential | |
| | | | Yes No | |

