



SINP Entrepreneur Category*
Chartered Accountant Certificate

*For Applicants who Applied after March 2015

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: **04** _____

I, as an authorized representative of 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. **See Schedule B for definitions, limits, eligibility requirements, and possible exceptions for the expenditures listed below.**):

Investments			
Expenditure	Supporting Documents	Date	Amount
Real Estate (Land/Buildings)			
Leasehold Improvements			
Share Capital			
Lease Agreement			
Insurance			
Equipment/Furniture			
Software			
Wages			
Professional Fees			
Cash and Receivables			
Operating Expenses			
Start-Up Costs			
Inventory			
COGS			
Vehicle			
Other (Please List)			
Total			

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)

- I hereby certify that I have reviewed the necessary financial documents provided by the Applicant and am able to verify the transfer of net worth and the investments listed with the necessary documentation as a chartered professional accountant.**
- I understand that if there are errors or omissions this document along with the application may be returned to the Applicant.**

 Printed Name

 Signature

 Title/Designation

 Date (DD – MMM – YYYY)