

## Scotians Advisor Program Application

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For additional information, please refer to the Scotians Advisor Program Guidelines and FAQ.  
**ALL QUESTIONS MUST BE ANSWERED.** If the response is not applicable, please write “n/a”.

### GENERAL INFORMATION:

Business Name <i>(Legal registered name if incorporated)</i>	
Business Name <i>(Operating as)</i>	
Business Identification No. <i>(Nova Scotia Registry of Joint Stocks)</i>	
Business Civic Address	
Business Mailing Address <i>(If different from civic address)</i>	
County	
Contact Name:	
Telephone: (xxx) xxx-xxxx	
Mobile: (xxx) xxx-xxxx	
Email	
Website	

If you were referred to Scotians by an Invest Nova Scotia staff member, please identify who:

Please list your business' target market(s):


Industry Sector(s): Check all that Apply

Aerospace & Defence	Engineering & Professional	Mining & Mineral Products
Agri-food	Finance & Insurance	Oceans Technology
Advanced Manufacturing	Forest Products	Travel & Accommodation
Business Services	Fish & Seafood Processing	Transportation Equipment
Chemicals & Plastics	Film Production	Transportation & Logistics
Clothing & Textiles	ICT ( <i>Includes Digital Media</i> )	Other
Energy	Life Sciences	

**BUSINESS INFORMATION:**

	Last Fiscal Year	Two years ago	Three years ago
Total Revenue			
Total revenue from outside Nova Scotia			
Total number of Nova Scotia Full Time Equivalents (FTEs)			
Number of countries currently exporting to:			

**Section 1 – Understanding Your Business and Your Export Plan**

*This section is used to help us gain an understanding of your business and your business’ export plan. Please provide a brief description of the information requested in the fields below.*

1. Please briefly explain your business and identify your export growth goals for the next three fiscal years.

## Section 2 – Understanding your Advisor Request

This section of the application is designed to provide us with a comprehensive understanding of why you are requesting an Advisor, what you hope to discuss with an Advisor and how it will benefit your business.

The ultimate goal of this program is to leverage the Advisor network in order to improve your business' global competitiveness, build export capacity and/or enhance your global connections in support of your export goals.

2. Please identify the aspect of your business operations that you want to discuss with an Advisor. Select all that apply:		
Business Development	Growth and Scaling	Marketing
Business Model	Industry Trends, Opportunities, or Challenges	Merger or Acquisition
Cash Flow and/or Investment	Market Entry and/or Expansion	Product Design
Commercialization	Other (please identify):	
Export Strategy		

3. What are the anticipated benefits /outcomes for your business from an Advisor conversation? Select all that apply.	
Actionable advice to address a specific challenge, opportunity or decision point.	Introductions to contacts within the Advisor's professional network.
Market intelligence to support your export strategy.	Other (please identify):

## Section 3 – Business Standing and Authorization

Is your business duly registered and otherwise authorized to carry on its business in the Province of Nova Scotia, including all necessary licenses, permits and permissions, in good standing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any outstanding or pending claims/litigation against the business or its principals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there, or is there any basis for, any claims, injunctions, judgements, orders, legal or administrative actions or similar proceedings against your business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If your business is not duly registered, there are any outstanding or pending claims, and/or there are any legal proceedings against your business, please provide additional documentation and submit with this application</b>		

On behalf of the business identified above, I hereby submit the application for the Scotians Advisor Program. I certify that I am an authorized officer of the business and that the information provided in this application and its attachments is true and correct to the best of my knowledge and belief.

I agree to comply with the terms stated in the program guidelines, including reporting requirements (if any). I acknowledge and agree to allow Invest Nova Scotia or a designate to make any enquiries of such persons, firms, corporations, and federal and provincial government agencies/departments required to collect and to share information with them, including personal information as defined in the Freedom of Information and Protection of Privacy Act, as Invest Nova Scotia deems necessary, in order to reach a decision on this application; to administer and monitor the implementation of the subject program; and to evaluate the results of the program upon completion. I hereby waive confidentiality of such information and agree that its collection and disclosure will not be the basis of any liability, claim or order against Invest Nova Scotia.

Should the business be a successful applicant, on behalf of the business, I hereby give Invest Nova Scotia permission to release the name of the business and program details in any form and through any media for purposes of marketing this program.

By signing below, I consent to Invest Nova Scotia releasing my contact information to any third party service providers retained for the purposes of evaluation of the program, as well as to the information collected through the application process, and program delivery, being stored and/or accessed outside of Canada on servers not belonging to Invest Nova Scotia, or the government of Nova Scotia. Please review our Information Access procedures and Privacy statement.

This consent is valid whether your application is successful or not. I agree to being contacted by any such third party service providers and will cooperate with them in the collection of information for the evaluation of this program. I further agree to release Invest Nova Scotia and its staff from any claims, causes of action, suits, actions and liabilities of every nature and kind whatsoever arising from, as a result of or in any way related to the aforementioned authorized release of contact information and subsequent collection and use of information.

**I authorize, certify and agree to all the terms above.**

Authorized Officer Name	
Job Title	
Signature: <i>(You can use "View → Tools → Fill &amp; Sign" to upload or generate your signature.)</i>	
Date (MM/DD/YYYY)	

Return completed form by email to the Scotians Senior Advisor at [scotians@investnovascotia.ca](mailto:scotians@investnovascotia.ca)