



NunatuKavut Business Centre

Growing NunatuKavut business, one entrepreneur at a time.
Goose Bay: 709.896.5722 Ext. 205 Cartwright: 709.938.7621 Fax: 709.896.5739

CLIENT INITIAL CONTACT INFORMATION

APPLICANT INFORMATION

Name: _____ Company Name: _____
Address: _____ SIN: _____
Date of Birth (M/D/Y): ____/____/____
Membership Number: _____
Email: _____ Telephone #: _____
Fax #: _____ Alt. Telephone#: _____
Are you currently employed? Yes _____ No _____ If yes, where?

Are you underemployed (< 20 hours per week)? Yes _____ No _____

Please describe your business concept:

At what stage of development is your business?

Idea Generation _____ Business Plan Development _____ Research & Development _____
Less than a Year Old _____ Over a Year Old _____

What is your highest priority need at this moment?

Financial Assistance _____ Business Plan _____ General Business Info _____
Other (Please State): _____

Office Use Only

Client ID: _____

Have you visited any other agencies or organizations (i.e. Business Development Bank of Canada, Labrador Community Development Centre, Atlantic Canada Opportunities Agency, and Aboriginal Business Canada)?

Yes, Please specify which agencies: _____ No _____

How did you hear about the NunatuKavut Business Centre?

CONFIDENTIALITY AGREEMENT

As a professional organization, the NunatuKavut Business Centre (NBC) respects the privacy of its clients and their personal information. As such, any and all information provided to the Centre will be held in the strictest of confidence and will be released to no individual without the expressed consent of the client.

The NunatuKavut Business Centre guarantees that information provided by a client will be utilized only to determine how we can best meet the needs of that client. We are also required to obtain the NunatuKavut member number of any client seeking assistance from the Centre. As the NunatuKavut Business Centre services only clients having NunatuKavut membership, this information is used solely to determine eligibility.

It should also be understood that in the event an outside agency (such as ACOA, DITRD, ABC, etc.) need be contacted to best meet the client's needs, personal information may be shared with said organization.

SIGNATURE: _____

DATE: _____

BA SIGNATURE: _____

DATE: _____

***Please return this form to the
NunatuKavut Business Centre:***

MAIL

P.O. Box 418, Station C,
Happy Valley - Goose Bay, NL, A0P 1C0

SCAN AND EMAIL

businesscentre@nunacor.com
nbc@nunacor.com

FACSIMILE

709.896.5739



NunatuKavut Business Centre

Growing NunatuKavut business, one entrepreneur at a time.
Goose Bay: 709.896.5722 Ext. 205 Cartwright: 709.938.7621 Fax: 709.896.5739

ARMS CONSENT TO RELEASE INFORMATION

I, _____ Client ID: _____

hereby grant permission to employees of

_____ to share / transfer my ARMS file to the Nunacor / NunatuKavut Community Council Office (**1126002**).

Client Signature: _____

Date: _____

Witness Signature: _____

Date: _____