



WIPSI

Business Information Form

For Applications by Association

Business/Organization Name		Other Names/Subsidiaries if applicable	
Mailing Address			
Nova Scotia Address (if different address form Mailing Address)			
Nova Scotia Registry of Joint Stocks Number		Business ID Number (Canada Revenue Agency)	
Contact Person		Position Title	
Telephone		Email	
Sector		North American Industry Classification System Code (NAICS)	
Business Description			
# Full -time Employees (35+ hours per week)		# Part-time/Seasonal Employees (<35 hours/wk; < 12mos/yr)	
Have you been in business in Nova Scotia for at least one year?			
Yes		No	
Does the business export outside of Nova Scotia?			
Yes		No	
If yes, what percentage of revenue is derived from exports?			
Statement of Declaration			
<input type="radio"/> I confirm this information is true and accurate.			
Date: _____			
(dd/mm/yyyy)			