

COMPANY APPLICATION FORM

Market Entry Development Program

Section I – General Company Information

Instructions:

- Please download the document to your desktop. Do not attempt to fill
- out the form while on your web browser, it will not save.

 If you use Acrobat reader you can fill and sign digitally by clicking the Fill

 & Sign tool in the right hand pane

 Once the form is completed and signed send your saved PDF and attachments
- to ExportReady@atlanticchamber.ca

Legal Company Name:	Business Identification Number: (nine digits)
Address (Street/Town/Prov/Postal Code):	Website:
Contact Name:	Contact Title:
Contact Phone:	Contact E-mail Address:
In what year was your company established?	What is the total number of full-time employees in your company?
I certify that this business is: registered in Atlantic Canada?	Yes No
headquartered in Atlantic Canada?	Yes No
Company Profile Not-for-profit Private Sector Other	
Are there any outstanding/pending claims or litigations again	nst your company? Yes No
Biosciences C Energy Innovation Se	oformation and Communications Technology Ocean Technology Pafood Other (specify)













Section II – Company D	escription, Product(s), Service(s	s) and Current Export Marke	ets
Provide a brief description of	f your company and the product(s)/	service(s) you offer.	
Does your company export	outside of Canada, if yes, for how ma	any years?	
What are your company s p	rimary export markets?		
Learn about/access Have a better under Identify/assess key of Introduce a new pro Identify a new innov Sign a partnership ag Accept on-site sales	standing of the industry's opportunit competition oduct/service /ation/technology to improve your p greement (eg. sales agent, distributor, s long-term sales (over the next 12 mor	product/production process broker, etc.)	
Section III – Company A			
Year 1: (2022)	total annual sales (CAD) for the last 3 Year 2: (2021)	Year 3: (2020)	
What were your company's Year 1: (2022)	total annual export sales (CAD -outs Year 2: (2022)	ide Canada) for the last 3 fiscal ye Year 3: (2020)	ears?













Section IV – Company Vision for the International Market(s)		
What is or are the target country(s) your company plans to on in this program?		
Has your company attended any trade shows (virtually or in-person) in Europe or Asia? If yes, to which shows and when?		
Please describe and estimate your company's sales growth objectives in the identified market(s)?		
Please describe your company's value proposition for international market(s) and your company's competitive advantage in the market(s)?		
Section V - Company Commitment for the European/Asian Country(s)?		
What resources is your company prepared to dedicate to the identified country(s)? Please provide comment on each of the following:		
Involvement of senior management		













Section V - Company Commitment for the European/Asian Country(s)? (continued)

Program lead, if different than above
Internal and external sales support
Financial resources
Time commitment (e.g. planning and in-market presence)
Production capacity (to achieve projected sales growth)













Section VI – Company Rationale for Program Participation

What type of challenges do you expect your company will face in the identified market(s)? (E.g.,competition, cultural differences, import controls, intellectual property status, certifications, regulatory, legal, financial, etc.)
What types of services does your company anticipate accessing through this program? (Please refer to the program guidelines for a list of the types of services that can be provided under this program) and articulate on how accessing these services can help your company accelerate export sales in the market(s).
Section VII – Voluntary Declaration
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Businesses of diversity are businesses that are 51% owned, managed, and operated by recognized underrepresented groups. Please self-identify your organization as appropriate 2SLGBTQ+ Aboriginal/Indigenous Peoples Immigrant Racially Visible (Visible Minority) Persons with Disabilities
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Section VIII - Company Authorization

I consent to the sharing of information collected with other federal and provincial departments and agencies for the administration of the grants and contributions programs and the Market Expansion Program created by the Atlantic Trade and Investment Agreement and for such uses authorized herein.

Authorized Officer Name (Print):	Authorized Officer Name (Signature):









