Merket Entry Development Program

COMPANY APPLICATION FORM Market Entry Development Program	 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
Section I – General Company Information	 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? headquartered in Atlantic Canada?	Yes No
Company Profile Not-for-profit Private Sector Other	
Biosciences Ocea Energy Innovation Seafe	mation and Communications Technology an Technology
NOVASCOTIA NOUVELLE-ÉCOSSE Brunswick	nd Newfoundland Canada

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Section II – Company Description, Product(s), Service(s) and Current Export Markets

Provide a brief description of your company and the product(s)/service(s) you offer.

Does your company export outside of Canada, if yes, for how many years?

What are your company s primary export markets?

What is your main objective of participating in the program?

- Learn about/access a new market
- Have a better understanding of the industry's opportunities abroad
- Identify/assess key competition
- Introduce a new product/service
- Identify a new innovation/technology to improve your product/production process
- Sign a partnership agreement (eg. sales agent, distributor, broker, etc.)
- Accept on-site sales
- Generate potential long-term sales (over the next 12 months)
- Generate leads/prospects
- Identify investment opportunities

Section III – Company Annual Sales

What were your company's total annual sales (CAD) for the last 3 fiscal years?

Year 1: (2022)	Year 2: (2021)	Year 3: (2020)	
What were your company's total	l annual export sales (CAD -outs	ide Canada) for the last 3 fiscal y	ears?
Year 1: (2022)	Year 2: (2022)	Year 3: (2020)	











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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

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
- Veterans
- Women
- Youth
- N/A or prefer not to answer











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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):

Job Title:

Date:









