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**DU Québec**

**Part**

**2**

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**Laws and Regulations**

Volume 142

**Summary**

Table of Contents  
Regulations and other Acts  
Index

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### Contents

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- (2) proclamations of Acts;
- (3) regulations made by the Government, a minister or a group of ministers and of Government agencies and semi-public agencies described by the Charter of the French language (R.S.Q., c. C-11), which before coming into force must be approved by the Government, a minister or a group of ministers;
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## Table of Contents

Page

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### Regulations and other Acts

---

Immigration to Québec, An Act respecting... — Prescribed forms to give an undertaking . . . . .	581A
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## Regulations and other Acts

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**M.O., 2010**

**Order number AM 2010-02 of the Minister of Immigration and Cultural Communities dated 8 February 2010**

An Act respecting immigration to Québec (R.S.Q., c. I-0.2)

Prescribed forms to give an undertaking

THE MINISTER OF IMMIGRATION AND CULTURAL COMMUNITIES,

CONSIDERING section 3.1.1 of the Act respecting immigration to Québec (R.S.Q., c. I-0.2), which provides that the application for an undertaking and an undertaking to assist a foreign national in settling in Québec must be made on the form prescribed by the Minister;

CONSIDERING the specific provisions adopted for foreign nationals who are victims of the Haïti earthquake that occurred on 12 January 2010 to allow an undertaking by more than one sponsor in the family class and in the class of persons in distress;

CONSIDERING it is expedient to prescribe two forms to give an undertaking and two additional documents to allow the implementation of the specific provisions regarding foreign nationals who are victims of the Haïti earthquake, made by the Regulation to amend the Regulation respecting the selection of foreign nationals (Order in Council 77-2010 dated 3 February 2010), which comes into force on 17 February 2010;

ORDERS AS FOLLOWS :

The following forms to give an undertaking and the additional documents attached to this Order are prescribed as of 17 February 2010, pursuant to the Act respecting immigration to Québec :

UNDERTAKING

Humanitarian Sponsorship – Earthquake victims in Haïti

SPONSOR'S INDIVIDUAL RECORD

Humanitarian Sponsorship – Earthquake victims in Haïti

UNDERTAKING

Family Class – Earthquake victims in Haïti

SPONSOR'S INDIVIDUAL RECORD

Family Class – Earthquake victims in Haïti

YOLANDE JAMES,

*The Minister of Immigration and Cultural Communities*

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Immigration  
et Communautés  
culturelles

Québec



## UNDERTAKING

### Humanitarian sponsorship - Earthquake victims in Haïti

For official use only

File No. :

You must fill out this form if you are a Québec resident sponsoring a brother, sister, half-brother, half-sister, an adult child ineligible for sponsorship under Family class regulations, seriously and personally affected by the earthquake in Haïti. The Québec resident participating in the undertaking as co-sponsor, if applicable, must also fill and sign this form. Please note that this application form must be filled out in French. This English translation is included only to help you do so accurately.

#### SECTION 1 IDENTIFICATION OF SPONSOR

##### A. Identification of principal sponsor

Family name at birth: \_\_\_\_\_ Family name after marriage: \_\_\_\_\_  
(if applicable)

First name: \_\_\_\_\_ Status:  Permanent resident  Canadian citizen

Sex:  F  M Civil status: \_\_\_\_\_ Telephone No. at home: \_\_\_\_\_

Residential address: \_\_\_\_\_ Telephone No. at work: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

##### B. Identification of co-signer spouse (if applicable)

After having referred to the instructions, the sponsor's spouse or de facto spouse may decide to participate in the undertaking. In that case, this person must fill out the **Sponsor's individual record form**, and sign the undertaking.

Family name at birth: \_\_\_\_\_ Family name after marriage: \_\_\_\_\_  
(if applicable)

First name: \_\_\_\_\_ Status:  Permanent resident  Canadian citizen

Sex:  F  M Relationship to sponsor:  Spouse  De facto spouse

#### SECTION 2 IDENTIFICATION OF CO-SPONSOR

##### A. Identification of co-sponsor

Family name at birth: \_\_\_\_\_ Family name after marriage: \_\_\_\_\_  
(if applicable)

First name: \_\_\_\_\_ Status:  Permanent resident  Canadian citizen

Sex:  F  M État matrimonial: \_\_\_\_\_ Telephone No. at home: \_\_\_\_\_

Residential address: \_\_\_\_\_ Telephone No. at work: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

<b>B. Identification of co-signer spouse (if applicable)</b>				
After having referred to the instructions, the co-sponsor's spouse or de facto spouse may decide to participate in the undertaking. In that case, this person must fill out the <b>Sponsor's individual record form</b> , and sign the undertaking.				
Family name at birth : _____		Family name after marriage : _____ <span style="float: right; font-size: small;">(if applicable)</span>		
First name : _____		Status : <input type="checkbox"/> Permanent resident <input type="checkbox"/> Canadian citizen		
Sex : <input type="checkbox"/> F <input type="checkbox"/> M		Relationship to co-sponsor : <input type="checkbox"/> Spouse <input type="checkbox"/> De facto spouse		
<b>SECTION 3 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON</b>				
FAMILY NAME (at birth) and FIRST NAME	RELATIONSHIP with principal sponsor	SEX	DATE OF BIRTH <small>Year / Month / Day</small>	RESIDENTIAL ADDRESS
FAMILY NAME (after marriage, if applicable)				
<b>SECTION 4 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON'S FAMILY MEMBERS</b>				
<b>A Members of the principal sponsored person's family who are accompanying that person to Québec (Attach an extra page if necessary.)</b>				
FAMILY NAME (at birth) and FIRST NAME	RELATIONSHIP with principal sponsored person	SEX	DATE OF BIRTH <small>Year / Month / Day</small>	RESIDENTIAL ADDRESS
1				
FAMILY NAME (after marriage, if applicable)				
2				
3				
4				
<b>B Members of the principal sponsored person's family who are not accompanying that person to Québec and who are not covered by the undertaking (Attach an extra page if necessary.)</b>				
1				
2				

**SECTION 5 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON**

Please explain how the sponsored person and their accompanying family members, if applicable, were seriously and personally affected by the earthquake in Haïti (Attach an extra page if necessary).

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**SECTION 6 IMPORTANT INFORMATION**

**The present undertaking is valid for five years.**

The obligations set forth herein come into force from the moment the sponsored person is admitted as a permanent resident or under a temporary resident permit.

The amounts required to provide for basic needs are determined in Schedule C of the Regulation respecting the selection of foreign nationals. They include food, clothing, personal necessities, and any other expenses pertaining to living accommodations, insofar as the sponsored persons reasonably need them. These amounts are indexed annually.

The sponsor's spouse or de facto spouse participating in the undertaking as co-signer spouse is responsible of this undertaking with solidarity.

A Quebec resident and his or her spouse or de facto spouse, if applicable, participating in the undertaking as cosponsor are responsible of this undertaking with solidarity.

The undertaking lapses if the sponsored persons do not qualify under the Regulation respecting the selection of foreign nationals, are not admitted as permanent residents or as holders of a temporary resident permit, or do not obtain a Québec Selection Certificate within 24 months following the date on which the undertaking was accepted by the immigration officer.



For official use only

File No. :

**SECTION 7 PROTECTION OF PERSONAL INFORMATION**

The personal information collected in this document is necessary in order to process your undertaking application, and is required under the terms of the Act respecting immigration to Quebec, the Regulation respecting the selection of foreign nationals, and the incumbent administrative rules.

This information may also be used by the Ministry to verify directly or by the means of an intermediate the accuracy of the information provided, for the purpose of research, statistics, program evaluation, or to convey to you any information that is liable to affect your undertaking.

The personal information provided is confidential and cannot be disclosed without your consent, unless authorized by law. Under certain conditions, the law allows for personal information to be communicated without permission if such communication is necessary in order to :

- enforce a law in Quebec;
- exercise the powers of an agency of the Government of Quebec or the Government of Canada, particularly federal immigration officials;
- render a service provided by the Ministry, or fulfill a service contract awarded by the Ministry;
- lay charges for violating a law that is applicable in Quebec, or to respond to an emergency.

Access to this information within the Ministry is restricted to the persons authorized to receive it in order to carry out their duties. Any omission or refusal to answer, with the exception of the optional sections, may result in the rejection of your application or cause delays in the processing of your file.

You can obtain information pertaining to your file held by the Ministry, and if necessary, corrections may be requested in writing. For additional information, please contact the office processing your application. If the latter cannot provide the information requested, contact the person within the Ministry responsible for the protection of personal information at Secrétariat général du Ministère de l'Immigration et des Communautés culturelles, located at: Édifice Gérald-Godin, 360, rue McGill, 4<sup>e</sup> étage, Montréal (Québec), H2Y 2E9.

For official use only

File No. :

**SECTION 8 DECLARATION AND UNDERTAKING**

**The undertaking is a contract that binds you to provide for your sponsored person's basic needs throughout the term of the undertaking.**

**I declare** that the information contained in this form is complete and accurate.

**I declare** that I have read the notice respecting the "Protection of personal information" in Section 7 of this form.

**I acknowledge** being cognizant of the fact that the acceptance of my undertaking does not guarantee that the sponsored persons will thereupon obtain a Québec selection certificate.

**I further acknowledge** being informed that:

- the Minister of Immigration and Cultural Communities may request from any other department or body information related to the sponsor's address, and may forward a copy of this undertaking to the sponsored person(s);
- the Minister may revoke an undertaking or a Québec Selection Certificate if the undertaking was accepted or the certificate issued on the strength of false or misleading information or documents, were accepted or issued by mistake, or if the conditions required for the acceptance of the undertaking or the issue of the Québec Selection Certificate cease to exist (in no other case may an undertaking be revoked);
- the undertaking is effective, and cannot be cancelled, once the sponsored person has obtained permanent residence or is admitted under a temporary resident permit;
- the Minister may reject an application that contains false or misleading information or documents;
- the Minister may refuse to consider an undertaking application from someone who has provided false or misleading information or documents within the past two years;
- legal proceedings may be taken against the sponsor(s) and the co-signer(s) spouse if they fail to comply with the undertaking or if they provide false or misleading information.

**I acknowledge** having read the information contained in this form and I understand the nature and scope of the undertaking that binds me to the persons covered by my undertaking application. Consequently:

1. **I undertake** to provide, during the entire term of the undertaking, for the basic needs of the sponsored person(s), as established in Schedule C to the Regulation respecting the selection of foreign nationals (R.R.Q., 1981, c. M-23.1, r. 2);
2. **I undertake** to reimburse the Government of Québec any amount that the latter may grant to the sponsored person(s), as special benefits or last resort assistance benefits, in accordance with the Individual and Family assistance Act (R.S.Q., c.A-13.1.1);
3. **I undertake** to reimburse the Government of any province of Canada the amount paid as special benefits, last resort assistance benefits or other similar benefits it may grant to the sponsored person(s).

In witness whereof, I have signed in:

\_\_\_\_\_ City

\_\_\_\_\_ Sponsor's signature

\_\_\_\_\_ Year / Month / Day

\_\_\_\_\_ Co-signer spouse's signature (if applicable)

\_\_\_\_\_ Year / Month / Day

\_\_\_\_\_ Co-sponsor's signature

\_\_\_\_\_ Co-signer spouse's signature (if applicable)

**SECTION 9 DECISION (for official use only)**

Undertaking accepted

Undertaking denied

Undertaking rejected

\_\_\_\_\_ Name of authorized officer

\_\_\_\_\_ Signature

\_\_\_\_\_ Year / Month / Day

Immigration  
et Communautés  
culturelles



**SPONSOR'S INDIVIDUAL RECORD**  
**Humanitarian sponsorship - Earthquake victims in Haïti**

**For official use only**

Individual Reference No. : \_\_\_\_\_

File No. : \_\_\_\_\_

You must fill out this form if you are a Québec resident sponsoring a brother, sister, half-brother, half-sister, an adult child ineligible for sponsorship under Family class regulations, seriously and personally affected by the earthquake in Haïti. The Québec resident participating in the undertaking as co-sponsor, if applicable, must also fill and sign this form.

Please note that this application form must be filled out in French. This English translation is included only to help you do so accurately.

SECTION 1 IDENTIFICATION OF SPONSOR OR CO-SPONSOR		
Sponsor or co-sponsor		Co-signer spouse (if applicable)
Family name at birth : _____		Family name at birth : _____
Family name after marriage: _____ <small>(if applicable)</small>		Family name after marriage: _____ <small>(if applicable)</small>
First name : _____		First name : _____
Date of birth : _____ <small>Year / Month / Day</small>		Date of birth : _____ <small>Year / Month / Day</small>
Social Insurance Number : [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		Social Insurance Number : [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
I have been married previously <input type="checkbox"/> Yes <input type="checkbox"/> No		I have been married previously <input type="checkbox"/> Yes <input type="checkbox"/> No
I am the father or mother of children born from a previous union <input type="checkbox"/> Yes <input type="checkbox"/> No		I am the father or mother of children born from a previous union <input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2 DECLARATION		
SPONSOR OR CO-SPONSOR	CO-SIGNER SPOUSE	You must indicate "yes" or "no" if the following statements apply to you. The spouse should fill out this section only if co-signer to the undertaking.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am domiciled in Québec.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am detained in a penitentiary or jail.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am subject to a removal order from Canada (deportation order).
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have been subject to a recourse for non-payment of support payments in the last five years.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", I have repaid all outstanding amounts.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have been convicted, in or outside Canada, of murder or an offence listed in Schedule I or II to the Corrections and Conditional Release Act (please refer to the instructions).
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", I was acquitted upon final appeal, rehabilitated as defined in the Criminal Records Act (R.S.C. (1985), c. C-47), or have served my sentence at least five years before filing this application.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have sponsored someone before.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", I have complied with the financial obligations related to that undertaking.

**SECTION 3 PROTECTION OF PERSONAL INFORMATION**

The personal information collected in this document is necessary in order to process your undertaking application, and is required under the terms of the Act respecting immigration to Quebec, the Regulation respecting the selection of foreign nationals, and the incumbent administrative rules.

This information may also be used by the Ministry to verify directly or by the means of an intermediate the accuracy of the information provided, for the purpose of research, statistics, program evaluation, or to convey to you any information that is liable to affect your undertaking.

The personal information provided is confidential and cannot be disclosed without your consent, unless authorized by law. Under certain conditions, the law allows for personal information to be communicated without permission if such communication is necessary in order to :

- enforce a law in Quebec;
- exercise the powers of an agency of the Government of Quebec or the Government of Canada, particularly federal immigration officials;
- render a service provided by the Ministry, or fulfill a service contract awarded by the Ministry;
- lay charges for violating a law that is applicable in Quebec, or to respond to an emergency.

Access to this information within the Ministry is restricted to the persons authorized to receive it in order to carry out their duties. Any omission or refusal to answer, with the exception of the optional sections, may result in the rejection of your application or cause delays in the processing of your file.

You can obtain information pertaining to your file held by the Ministry, and if necessary, corrections may be requested in writing. For additional information, please contact the office processing your application. If the latter cannot provide the information requested, contact the person within the Ministry responsible for the protection of personal information at Secrétariat général du Ministère de l'Immigration et des Communautés culturelles, located at: Édifice Gérald-Godin, 360, rue McGill, 4<sup>e</sup> étage, Montréal (Québec), H2Y 2E9.

**SECTION 4 SIGNATURE**

**I declare** that the information contained in this form is complete and accurate.

**I declare** that I have read the notice respecting the "Protection of personal information" in Section 3 of this form.

**I further acknowledge** being informed that :

- the Minister may reject an application that contains false or misleading information or documents;
- the Minister may refuse to consider an undertaking application from someone who has provided false or misleading information or documents within the past two years;
- legal proceedings may be taken against the sponsor, the co-sponsor and the co-signer spouse if they fail to comply with the undertaking or if they provide false or misleading information.

In witness whereof, I have signed in \_\_\_\_\_

City	Year / Month / Day
Name	Sponsor or co-sponsor's signature
Name	Co-signer spouse's signature (if applicable)

Immigration  
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Québec

## UNDERTAKING

### Family Class – Earthquake victims in Haïti

For official use only

File No. :

You must fill out this form if you are a Québec resident sponsoring a relative seriously and personally affected by the earthquake in Haïti. The Québec resident participating in the undertaking as co-sponsor must also fill and sign this form.

Please note that this application form must be filled out in French. This English translation is included only to help you do so accurately.

SECTION 1 IDENTIFICATION OF SPONSOR	
<b>A. Identification of principal sponsor</b>	
Family name at birth : _____	Family name after marriage : _____ (if applicable)
First name : _____	Status : <input type="checkbox"/> Permanent resident <input type="checkbox"/> Canadian citizen
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : _____	Telephone No. at home : _____
Residential address : _____	Telephone No. at work : _____
Mailing address (if different) : _____	
<b>B. Identification of co-signer spouse (if applicable)</b>	
After having referred to the instructions, the sponsor's spouse or de facto spouse may decide to participate in the undertaking. In that case, this person must fill out the <b>Sponsor's individual record form</b> , and sign the undertaking.	
Family name at birth : _____	Family name after marriage : _____ (if applicable)
First name : _____	Status : <input type="checkbox"/> Permanent resident <input type="checkbox"/> Canadian citizen
Sex : <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to sponsor : <input type="checkbox"/> Spouse <input type="checkbox"/> De facto spouse
SECTION 2 IDENTIFICATION OF CO-SPONSOR	
<b>A. Identification of co-sponsor</b>	
Family name at birth : _____	Family name after marriage : _____ (if applicable)
First name : _____	Status : <input type="checkbox"/> Permanent resident <input type="checkbox"/> Canadian citizen
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : _____	Telephone No. at home : _____
Residential address : _____	Telephone No. at work : _____
Mailing address (if different) : _____	

<b>B. Identification of co-signer spouse (if applicable)</b>					
After having referred to the instructions, the co-sponsor's spouse or de facto spouse may decide to participate in the undertaking. In that case, this person must fill out the <b>Sponsor's individual record form</b> , and sign the undertaking.					
Family name at birth : _____ Family name after marriage : _____ (if applicable)					
First name : _____ Status : <input type="checkbox"/> Permanent resident <input type="checkbox"/> Canadian citizen					
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Relationship to co-sponsor : <input type="checkbox"/> Spouse <input type="checkbox"/> De facto spouse					
<b>SECTION 3 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON</b>					
FAMILY NAME (at birth) and FIRST NAME	RELATIONSHIP with principal sponsor	SEX	DATE OF BIRTH Year / Month / Day	RESIDENTIAL ADDRESS	TERM OF THE UNDERTAKING*
FAMILY NAME (after marriage, if applicable)					
<b>SECTION 4 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON'S FAMILY MEMBERS</b>					
<b>A Members of the principal sponsored person's family who are accompanying that person to Québec (Attach an extra page if necessary.)</b>					
FAMILY NAME (at birth) and FIRST NAME	RELATIONSHIP with principal sponsored person	SEX	DATE OF BIRTH Year / Month / Day	RESIDENTIAL ADDRESS	TERM OF THE UNDERTAKING*
1					
FAMILY NAME (after marriage, if applicable)					
2					
3					
4					
<b>B Members of the principal sponsored person's family who are not accompanying that person to Québec and who are not covered by the undertaking (Attach an extra page if necessary.)</b>					
1					
2					
* This undertaking is valid for three years for the spouse, de facto spouse, and conjugal partner. In the case of a child under the age of 16, the undertaking is valid for ten years or until the age of majority (18 years), whichever is longer. In the case of a child aged 16 or over, the undertaking is valid for three years or until age 25, whichever is longer. For other sponsored persons, the undertaking is valid for ten years. The obligations set forth herein come into force from the moment the sponsored person is admitted as a permanent resident or under a temporary resident permit. The age of a child is determined on this same date.					



For official use only :

File No. :

## SECTION 7 PROTECTION OF PERSONAL INFORMATION

The personal information collected in this document is necessary in order to process your undertaking application, and is required under the terms of the Act respecting immigration to Quebec, the Regulation respecting the selection of foreign nationals, and the incumbent administrative rules.

This information may also be used by the Ministry to verify directly or by the means of an intermediate the accuracy of the information provided, for the purpose of research, statistics, program evaluation, or to convey to you any information that is liable to affect your undertaking.

The personal information provided is confidential and cannot be disclosed without your consent, unless authorized by law. Under certain conditions, the law allows for personal information to be communicated without permission if such communication is necessary in order to :

- enforce a law in Quebec;
- exercise the powers of an agency of the Government of Quebec or the Government of Canada, particularly federal immigration officials;
- render a service provided by the Ministry, or fulfill a service contract awarded by the Ministry;
- lay charges for violating a law that is applicable in Quebec, or to respond to an emergency.

Access to this information within the Ministry is restricted to the persons authorized to receive it in order to carry out their duties. Any omission or refusal to answer, with the exception of the optional sections, may result in the rejection of your application or cause delays in the processing of your file.

You can obtain information pertaining to your file held by the Ministry, and if necessary, corrections may be requested in writing. For additional information, please contact the office processing your application. If the latter cannot provide the information requested, contact the person within the Ministry responsible for the protection of personal information at Secrétariat général du Ministère de l'Immigration et des Communautés culturelles, located at: Édifice Gérald-Godin, 360, rue McGill, 4<sup>e</sup> étage, Montréal (Québec), H2Y 2E9.



For official use only

File No. :

**SECTION 8 DECLARATION AND UNDERTAKING**

**The undertaking is a contract that binds you to provide for your sponsored person's basic needs throughout the term of the undertaking.**

**I declare** that the information contained in this form is complete and accurate.

**I declare** that I have read the notice respecting the "Protection of personal information" in Section 7 of this form.

**I further acknowledge** being informed that:

- the Minister of Immigration and Cultural Communities may request from any other department or body information related to the sponsor's address, and may forward a copy of this undertaking to the sponsored person(s);
- the Minister may revoke an undertaking or a Québec Selection Certificate if the undertaking was accepted or the certificate issued on the strength of false or misleading information or documents, were accepted or issued by mistake, or if the conditions required for the acceptance of the undertaking or the issue of the Québec Selection Certificate cease to exist (in no other case may an undertaking be revoked);
- the undertaking is effective, and cannot be cancelled, once the sponsored person has obtained permanent residence or is admitted under a temporary resident permit;
- the Minister may reject an application that contains false or misleading information or documents;
- the Minister may refuse to consider an undertaking application from someone who has provided false or misleading information or documents within the past two years;
- legal proceedings may be taken against the sponsor(s) and the co-signer(s) spouse if they fail to comply with the undertaking or if they provide false or misleading information.

**I acknowledge** having read the information contained in this form and I understand the nature and scope of the undertaking that binds me to the persons covered by my undertaking application. Consequently:

1. **I undertake** to provide, during the entire term of the undertaking, for the basic needs of the sponsored person(s), as established in Schedule C to the Regulation respecting the selection of foreign nationals (R.R.Q., 1981, c. M-23.1, r. 2);
2. **I undertake** to reimburse the Government of Québec any amount that the latter may grant to the sponsored person(s), as special benefits or last resort assistance benefits, in accordance with the Individual and Family assistance Act (R.S.Q., c.A-13.1.1);
3. **I undertake** to reimburse the Government of any province of Canada the amount paid as special benefits, last resort assistance benefits or other similar benefits it may grant to the sponsored person(s).

In witness whereof, I have signed in: \_\_\_\_\_  
City

\_\_\_\_\_  
Year / Month / Day

\_\_\_\_\_  
Year / Month / Day

\_\_\_\_\_  
Sponsor's signature

\_\_\_\_\_  
Co-signer spouse's signature (if applicable)

\_\_\_\_\_  
Co-sponsor's signature

\_\_\_\_\_  
Co-signer spouse's signature (if applicable)

**SECTION 9 DECISION (for official use only)**

Undertaking accepted

Undertaking denied

Undertaking rejected

\_\_\_\_\_  
Name of authorized officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Year / Month / Day

Immigration  
et Communautés  
culturelles



**SPONSOR'S INDIVIDUAL RECORD**  
Family Class – Earthquake victims in Haïti

For official use only	
Individual Reference No. :	_____
File No. :	_____

You must fill out this form if you are a Québec resident sponsoring a relative seriously and personally affected by the earthquake in Haïti. The Québec resident participating in the undertaking as co-sponsor must also fill and sign this form.

Please note that this application form must be filled out in French. This English translation is included only to help you do so accurately.

SECTION 1 IDENTIFICATION OF SPONSOR OR CO-SPONSOR		
Sponsor or co-sponsor		Co-signer spouse (if applicable)
Family name at birth : _____		Family name at birth : _____
Family name after marriage : _____ <small>(if applicable)</small>		Family name after marriage : _____ <small>(if applicable)</small>
First name: _____		First name: _____
Date of birth : _____ <small>Year / Month / Day</small>		Date of birth : _____ <small>Year / Month / Day</small>
Social Insurance Number : _____		Social Insurance Number : _____
I have been married previously <input type="checkbox"/> Yes <input type="checkbox"/> No		I have been married previously <input type="checkbox"/> Yes <input type="checkbox"/> No
I am the father or mother of children from a previous union <input type="checkbox"/> Yes <input type="checkbox"/> No		I am the father or mother of children from a previous union <input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2 DECLARATION		
SPONSOR OR CO-SPONSOR	CO-SIGNER SPOUSE	You must indicate "yes" or "no" if the following statements apply to you. The spouse should fill out this section only if co-signer to the undertaking.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am domiciled in Québec.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a recipient of last resort assistance benefits..
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am subject to a removal order from Canada (deportation order).
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am detained in a jail or penitentiary
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have been subject to a recourse for non-payment of support payments in the last five years.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", I have repaid all outstanding amounts.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have been convicted, in or outside Canada, of a sexual offence or an attempt or threat to commit such an offence against another person; or an offence involving bodily injury or an attempt or threat to commit such an offence against a member of my family or a relative, my spouse, my de facto spouse, my conjugal partner, or a member of their family or a relative of theirs.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", I was acquitted upon final appeal, rehabilitated as defined in the Criminal Records Act (R.S.C. (1985), c. C-47), or have served my sentence at least five years before filing this application.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have sponsored someone before.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", I have complied with the financial obligations related to that undertaking.

### SECTION 3 PROTECTION OF PERSONAL INFORMATION

The personal information collected in this document is necessary in order to process your undertaking application, and is required under the terms of the Act respecting immigration to Quebec, the Regulation respecting the selection of foreign nationals, and the incumbent administrative rules.

This information may also be used by the Ministry to verify directly or by the means of an intermediate the accuracy of the information provided, for the purpose of research, statistics, program evaluation, or to convey to you any information that is liable to affect your undertaking.

The personal information provided is confidential and cannot be disclosed without your consent, unless authorized by law. Under certain conditions, the law allows for personal information to be communicated without permission if such communication is necessary in order to :

- enforce a law in Quebec;
- exercise the powers of an agency of the Government of Quebec or the Government of Canada, particularly federal immigration officials;
- render a service provided by the Ministry, or fulfill a service contract awarded by the Ministry;
- lay charges for violating a law that is applicable in Quebec, or to respond to an emergency.

Access to this information within the Ministry is restricted to the persons authorized to receive it in order to carry out their duties. Any omission or refusal to answer, with the exception of the optional sections, may result in the rejection of your application or cause delays in the processing of your file.

You can obtain information pertaining to your file held by the Ministry, and if necessary, corrections may be requested in writing. For additional information, please contact the office processing your application. If the latter cannot provide the information requested, contact the person within the Ministry responsible for the protection of personal information at Secrétariat général du Ministère de l'Immigration et des Communautés culturelles, located at: Édifice Gérald-Godin, 360, rue McGill, 4<sup>e</sup> étage, Montréal (Québec), H2Y 2E9.

### SECTION 4 SIGNATURE

**I declare** that the information contained in this form is complete and accurate.

**I declare** that I have read the notice respecting the "Protection of personal information" in Section 3 of this form.

**I further acknowledge** being informed that :

- the Minister may reject an application that contains false or misleading information or documents;
- the Minister may refuse to consider an undertaking application from someone who has provided false or misleading information or documents within the past two years;
- legal proceedings may be taken against the sponsor, the co-sponsor and the co-signer spouse if they fail to comply with the undertaking or if they provide false or misleading information.

In witness whereof, I have signed in \_\_\_\_\_  
City \_\_\_\_\_ Year / Month / Day \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Sponsor or co-sponsor's signature \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Co-signer spouse's signature (if applicable) \_\_\_\_\_



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**Index**Abbreviations: **A**: Abrogated, **N**: New, **M**: Modified

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	<b>Page</b>	<b>Comments</b>
Immigration to Québec, An Act respecting... — Prescribed forms to give an undertaking . . . . . (R.S.Q., c. I-0.2)	581A	N
Prescribed forms to give an undertaking . . . . . (An Act respecting immigration to Québec, R.S.Q., c. I-0.2)	581A	N

