

**M.O., 2000****Order of the Minister of Relations with the Citizens  
and Immigration dated 20 April 2000**

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

Prescribed forms to give an undertaking

THE MINISTER OF RELATIONS WITH THE CITIZENS  
AND IMMIGRATION,

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

CONSIDERING the Minister's Order of 13 October 1995 concerning the prescribed forms entitled Application for a Selection Certificate, Additionnal Information, Application to give an Undertaking, Undertaking and Application for a Certificate of Acceptance, published in the Gazette officielle du Québec of 25 October 1995, which prescribes in particular the forms to give an undertaking;

CONSIDERING it is expedient to replace those forms to give an undertaking;

ORDERS:

THAT the forms to give an undertaking made by Minister's Order of 13 October 1995 are replaced by those attached to this Order as of 15 May 2000.

ROBERT PERREAULT,  
*Minister of Relations with the Citizens  
and Immigration*

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**UNDERTAKING**  
Independent immigrants class  
Legal person

File No.:

Individual Reference No.:

The information required in this form is necessary to process your application. Any omission or refusal to answer may result in its rejection or cause delays in the processing of your file. For further information, you may also refer to the *Act respecting Immigration to Québec* (R.S.Q., c., 1-0.2) and the *Regulation respecting the selection of foreign nationals* (R.R.Q., 1981, c. M-23.1, r. 2).

**IDENTIFICATION OF LEGAL PERSON**

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_ E-mail : \_\_\_\_\_

**Person authorized by the Board of directors to sign this undertaking**

Family name, first name and occupation : \_\_\_\_\_

Mailing address if different from above : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

**IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON AND HIS DEPENDANTS**

**Definition of a dependant**

- The spouse who is at least 16 years of age.
- Any unmarried (single, widowed or divorced) child who is under 19 years of age or the spouse's child and any dependant child of that child, if applicable.
- Any dependant child <sup>(1)</sup> or the spouse's child, 19 years of age or over, unmarried (single, widowed or divorced), enrolled in full-time studies <sup>(2)</sup> since his/her 19<sup>th</sup> birthday and any dependant child of that child, if applicable.
- Any dependant child <sup>(1)</sup> or the spouse's child, married prior to age 19, enrolled in full-time studies since <sup>(2)</sup> his/her marriage and any dependant child <sup>(1)</sup> of that child, if applicable.
- Any dependant child <sup>(1)</sup> or the spouse's child, suffering from a physical or mental disability that makes him/her unable to provide for his/her needs and any dependant child of that child, if applicable.

<sup>(1)</sup> The child must be entirely or almost entirely in the financial care of his/her parents.

<sup>(2)</sup> The student must be enrolled in full-time studies in an educational establishment and be taking general, vocational or technical training courses on an uninterrupted basis. A maximum interruption of a total of one year is admissible.

FAMILY NAME (at birth) AND FIRST NAME		RELATIONSHIP with the principal sponsored person	SEX	DATE OF BIRTH year / month / day	ADDRESS
<b>A</b>	Principal sponsored person :				
<b>B</b>	Accompanying dependants of the principal sponsored person :				
1					
2					
3					
4					
5					
6					
<b>C</b>	Dependants of the principal sponsored person who are not covered by the undertaking :				
1					
2					
<b>D</b>	Expected locality of settlement of the sponsored person and his dependants :				

DECLARATIONS (PLEASE CHECK THE APPROPRIATE BOX)		
<input type="checkbox"/> yes	<input type="checkbox"/> no	The legal person carries out activities in Québec.
<input type="checkbox"/> yes	<input type="checkbox"/> no	The legal person is incorporated under Part III of the <i>Compagnies Act</i> (R.S.Q., c. C-38) or is incorporated as a non profit making corporation within the meaning of the laws of Canada or any other Canadian province.
<input type="checkbox"/> yes	<input type="checkbox"/> no	The legal person is registered in accordance with the <i>Act respecting the legal publicity of sole proprietorships, partnerships and legal persons</i> (R.S.Q., c. P-45).
<input type="checkbox"/> yes	<input type="checkbox"/> no	The legal person is a party authority within the meaning of Chapter I of Title III of the <i>Election Act</i> (R.S.Q., c. E-3.3).
<input type="checkbox"/> yes	<input type="checkbox"/> no	The legal person has representatives in the expected region or locality of settlement of the foreign national, whom it is sponsoring.
<input type="checkbox"/> yes	<input type="checkbox"/> no	The legal person has already contracted a similar undertaking.
UNDERTAKING		
<b>This undertaking is a juridical act the non compliance to which may result in legal proceedings.</b>		
<p><b>The undertaking shall be for five years.</b> It comes into force the moment the sponsored persons are admitted as permanent residents or under a Minister's permit.</p> <p>The amounts required to provide for basic needs are determined in Schedule C to the <i>Regulation respecting the selection of foreign nationals</i>. They include food, clothing, personal necessities and any other expenses pertaining to living accommodations, insofar as the sponsored persons reasonably need them. Those amounts shall be indexed annually.</p> <p>The department may revoke an undertaking or a Québec selection certificate if the undertaking was accepted or if the certificate was issued on the strength of false or misleading information or documents, accepted or issued by error or where the conditions required for the acceptance of the undertaking or the issue of the selection certificate cease to exist. <b>In no other case may an undertaking be revoked.</b></p> <p>The undertaking may become null and void if the sponsored persons do not qualify under the <i>Regulation respecting the selection of foreign nationals</i>, are not admitted as permanent residents or as holders of a Minister's permit or do not obtain a Québec selection certificate within 24 months following the date on which the undertaking was signed by the immigration officer.</p> <p>Legal proceedings may be instituted against the sponsor if he fails to comply with the undertaking or if he provides false or misleading information.</p> <p>Access to the information provided is restricted to the persons authorized under the provisions of the <i>Act respecting Access to documents held by public bodies and the Protection of personal information</i> (R.S.Q., c.A-2-1). That information may be used for research or evaluation purposes. The department may verify the accuracy of the information provided by consulting a third party and release information obtained within the scope of this application to Canadian immigration authorities and Québec public bodies if such information is necessary for the carrying out of an Act in Québec. The department may forward a copy of this undertaking to the contemplated sponsored persons.</p> <p>The legal person acknowledges having examined the information contained in the form and understands the nature and scope of the undertaking that binds it to the persons covered by the undertaking. Consequently :</p> <ol style="list-style-type: none"> <li>1. The legal person undertakes to provide, during the entire term of the undertaking, for the basic needs of those persons, as established in Schedule C to the <i>Regulation respecting the selection of foreign nationals</i> (R.R.Q., 1981, c. M-23.1, r. 2).</li> <li>2. The legal person undertakes to reimburse the Gouvernement du Québec any amount that the latter may grant, as special benefits or last resort assistance benefits, to those persons, in accordance with the <i>Act respecting income support, employment assistance and social solidarity</i> (1998, c. 36).</li> <li>3. The legal person also undertakes 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 those persons.</li> </ol> <p>The legal person declares that the information contained in this form and in the documents attached thereto is complete and accurate.</p> <p>In witness whereof, the legal person _____</p> <p>duly represented for those purposes by _____</p> <p>as attested by the resolution of the board of directors dated _____</p> <p>and attached hereto, gives an undertaking this _____ day of _____</p> <p>_____ <i>Name of the legal person's representative</i></p> <p>_____ <i>Signature</i></p>		
ACCEPTANCE OF THE UNDERTAKING		
<p>_____ Name of authorized officer</p> <p>_____ Signature</p> <p style="text-align: right;">_____ / _____ / _____ year / month / day</p>		



**UNDERTAKING**  
 Independant immigrant  
 Dependant person of an applicant in Québec  
 Person

File No. :

Individual Reference No. :

The information required in this form is necessary to process your application. Any omission or refusal to answer may result in its rejection or cause delays in the processing of your file. For further information, you may also refer to the *Act respecting Immigration to Québec* (R.S.Q., c. 1-0.2) and the *Regulation respecting the selection of foreign nationals* (R.R.Q., 1981, c. M-23.1, r. 2).

**IDENTIFICATION OF SPONSORS**

<p><b>A - Identification of sponsor</b></p> <p>Family name at birth : _____</p> <p>First name : _____</p> <p>Sex : F <input type="checkbox"/> M <input type="checkbox"/>      Date of birth : _____  <small>year / month / day</small></p> <p>Social Insurance Number : <input type="text"/></p> <p>Civil status :    Single <input type="checkbox"/>    Married <input type="checkbox"/>    Divorced <input type="checkbox"/>                            Separated <input type="checkbox"/>    Widowed <input type="checkbox"/></p> <p>Status :      Canadian citizen <input type="checkbox"/>      Permanent resident <input type="checkbox"/></p> <p style="text-align: center;">Applicant referred to in section 11.2 of <input type="checkbox"/>          the <i>Immigration Regulations, 1978</i> (SOR/78-172)</p> <p>Address : _____</p> <p>Telephone No. : _____ Fax No. : _____</p>	<p><b>B - Identification of cosignatory spouse (where applicable)</b>  <small>(This part shall be filled out, if necessary, by the spouse of a Canadian citizen or of a permanent resident)</small></p> <p>Family name at birth : _____</p> <p>First name : _____</p> <p>Sex : F <input type="checkbox"/> M <input type="checkbox"/>      Date of birth : _____  <small>year / month / day</small></p> <p>Social Insurance Number : <input type="text"/></p> <p>Relationship with the sponsor : Married <input type="checkbox"/> De facto spouse <input type="checkbox"/></p> <p>Status : Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/></p> <p>Other <input type="checkbox"/> specify : _____</p>
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**IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON AND HIS DEPENDANTS**

FAMILY NAME (at birth) AND FIRST NAME	RELATIONSHIP with the sponsor	SEX	DATE OF BIRTH <small>year / month / day</small>	ADDRESS	TERM OF THE UNDERTAKING
<b>A</b> Principal sponsored person :					
<b>B</b> Accompanying dependants of the principal sponsored person :					
1					
2					
3					
4					
5					
6					
<b>C</b> Dependants of the principal sponsored person who are not covered by undertaking :					
1					
2					

<b>DECLARATIONS</b>		
<i>(This part shall be filled out by the Canadian citizen sponsor or permanent resident sponsor and by his spouse, if the latter signs the undertaking)</i>		
<b>SPONSOR</b>	<b>COSIGNATORY SPOUSE</b>	<i>Please check the appropriate box.</i>
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	I will reside in Québec when the persons I am sponsoring obtain the status of permanent resident.
<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 held in prison or in a penitentiary.
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	I have been subject to recourse for non-payment of support over the last five years.
<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 so, I have complied with the financial obligations related to the undertaking.
	<input type="checkbox"/> yes <input type="checkbox"/> no	I have been living in a <i>de facto</i> union with the sponsor for over 12 consecutive months and we live at the same address.
	<input type="checkbox"/> yes <input type="checkbox"/> no	I am married to the sponsor and we live at the same address.
<b>UNDERTAKING</b>		
<b>This undertaking is a juridical act the non compliance to which may result in legal proceedings.</b>		
<p>The undertaking given by a person referred to in section 11.2 of the <i>Immigration Regulations, 1978</i> shall be three years for a spouse; in the case of a child, the undertaking shall be ten years or until he is of full age according to the longest of the two periods. The undertaking given by a Canadian citizen or a permanent resident shall be five years.</p> <p>The undertaking comes into force from the moment the sponsored person is admitted as permanent resident or under a Minister's permit.</p> <p>The amounts required to provide for basic needs are determined in Schedule C to the <i>Regulation respecting the selection of foreign nationals</i>. They include food, clothing, personal necessities and any other expenses pertaining to living accommodations, insofar as the sponsored person reasonably needs them. Those amounts shall be indexed annually.</p> <p>The department may revoke an undertaking or a <i>Québec selection certificate</i> if the undertaking was accepted or if the certificate was issued, on the strength of false or misleading information or documents, accepted or issued by error or where the conditions required for the acceptance of the undertaking or the issue of the <i>selection certificate</i> cease to exist. <b><u>In no other case may an undertaking be revoked.</u></b></p> <p>The undertaking may become null and void if the sponsored person does not qualify under the <i>Regulation respecting the selection of foreign nationals</i>, is not admitted as permanent resident or as holder of a Minister's permit or does not obtain a <i>Québec selection certificate</i> within 24 months following the date on which the undertaking was signed by the immigration officer.</p> <p>Legal proceedings may be instituted against the sponsor if he fails to comply with the undertaking or if he provides false or misleading information.</p> <p>Access to the information provided is restricted to the persons authorized under the provisions of the <i>Act respecting Access to documents held by public bodies and the Protection of personal information</i> (R.S.Q., c.A-2-1). That information may be used for research or evaluation purposes. The department may verify the accuracy of the information provided by consulting a third party and release information obtained within the scope of this application to Canadian immigration authorities and Québec public bodies if such information is necessary for the carrying out of an Act in Québec. The department may request from any other department or public body information related to the sponsor's address and may forward a copy of this undertaking to the contemplated sponsored persons.</p> <p>I acknowledge having examined the information contained in the form and I understand the nature and scope of the undertaking that binds me to the persons covered by the undertaking. Consequently :</p> <ol style="list-style-type: none"> <li>I undertake to provide, during the entire term of the undertaking, for the basic needs of those persons, as established in Schedule C to the <i>Regulation respecting the selection of foreign nationals</i> (R.R.Q., 1981, c. M-23.1.r.2).</li> <li>I undertake to reimburse the Gouvernement du Québec any amount that the latter may grant, as special benefits or last resort assistance benefits, to that person, in accordance with the <i>Act respecting income support, employment assistance and social solidarity</i> (1998, c. 36).</li> <li>I also 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 those persons.</li> </ol> <p>I declare that the information contained in this form and in the documents attached thereto is complete and accurate.</p> <p>In witness whereof, I have signed at _____ town _____ Signature of sponsor</p> <p>_____ year / month / day _____ Signature of cosignatory spouse (where applicable)</p>		
<b>ACCEPTANCE OF THE UNDERTAKING</b>		
Name of authorized officer _____		
Signature _____ year / month / day _____		



**UNDERTAKING**  
Family class

File No. :

Individual reference No. :

The information required in this form is necessary to process your application. Any omission or refusal to answer may result in its rejection or cause delays in the processing of your file. Please refer to the *Sponsor's Guide* to fill out the form. For further information, you may also refer to the *Act respecting Immigration to Québec* (R.S.Q., c. I-0.2) and the *Regulation respecting the selection of foreign nationals* (R.R.Q., 1981, c. M-23.1, r. 2).

**IDENTIFICATION OF SPONSORS**

**A - Identification of sponsor**

Family name at birth :

First name :

Sex : F  M

Date of birth : \_\_\_\_\_  
year / month / day

Status : permanent resident  Canadian citizen

Civil status :

Social Insurance Number :

Address :

Telephone No. : \_\_\_\_\_

**B - Identification of cosignatory spouse (where applicable)**

*After having referred to the Sponsor's Guide, a sponsor's spouse may wish to participate in the undertaking. In that case, he shall fill out the "Declaration" section of this form and sign the undertaking. For further information, call our assistance centre at the number indicated on the back of the guide.*

Family name at birth :

First name :

Sex : F  M

Date of birth : \_\_\_\_\_  
day / month / year

Status : permanent resident  Canadian citizen

Social Insurance Number :

Relationship with the sponsor : married  de facto spouse

**IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON AND HIS DEPENDANTS**

	FAMILY NAME (at birth) AND FIRST NAME	RELATIONSHIP (with the sponsor)	SEX	DATE OF BIRTH	ADDRESS	TERMS OF THE UNDERTAKING*
<b>A</b>	Principal sponsored person :					
<b>B</b>	Accompanying dependants of the principal sponsored person (refer to guide) :					
1						
2						
3						
4						
5						
6						
<b>C</b>	Dependants of the principal sponsored person who are not covered by the undertaking (refer to guide) :					
1						
2						
3						

**DECLARATIONS**

Sponsor	Cosignatory spouse	You must indicate by "yes" or "no" if the following statements apply to you : (the cosignatory spouse shall fill out this section only if he signs the undertaking)
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	I will reside in Québec when the persons I am sponsoring obtain the status of permanent resident.
<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 held in prison or in a 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 over the last five years.
<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 so, I have complied with the financial obligations related to that undertaking.
	<input type="checkbox"/> yes <input type="checkbox"/> no	I have been living in a <i>de facto</i> union with the sponsor for over 12 consecutive months and we live at the same address.
	<input type="checkbox"/> yes <input type="checkbox"/> no	I am married to the sponsor and we live at the same address.

\* The undertaking shall be three years for the spouse and ten years for other sponsored persons. In the case of a minor child, the undertaking shall be ten years or until he is of full age (18 years old) according to the longest of the two periods. That undertaking comes into force from the moment the sponsored person is admitted as permanent resident or under a Minister's permit.

File No. : Individual reference No. : **UNDERTAKING**

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

The amounts required to provide for basic needs are determined in Schedule C to 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 person reasonably need them. Those amounts shall be indexed annually. If the undertaking concerns relatives who are not part of the immediate family, a financial assessment is required (refer to guide).

The department may revoke an undertaking or a *Québec selection certificate* if the undertaking was accepted or if the certificate was issued, by error, on the strength of false or misleading information or documents, or where the conditions required for the acceptance of the undertaking or the issue of the *selection certificate* cease to exist. **In no other case may an undertaking be revoked.**

The undertaking may become null and void 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 Minister's permit or do not obtain a *Québec selection certificate* within 24 months following the date on which the undertaking was signed by the immigration officer.

Legal proceedings may be instituted against the sponsor and the cosignatory spouse if they fail to comply with the undertaking or if they provide false or misleading information.

Access to the information provided is restricted to the persons authorized under the provisions of the *Act respecting Access to documents held by public bodies and the Protection of personal information* (R.S.Q., c.A-2-1). That information may be used for research or evaluation purposes. The department may verify the accuracy of the information provided by consulting a third party and release information obtained within the scope of this application to Canadian immigration authorities and Québec public bodies if such information is necessary for the carrying out of an Act in Québec. The department 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 contemplated sponsored persons.

I acknowledge having examined the information contained in the form and in the *Sponsor's Guide* and I understand the nature and scope of the undertaking that binds me to the persons covered by my application for an undertaking. Consequently :

1. I undertake to provide, during the entire term of the undertaking, for the basic needs of those persons, 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 Gouvernement du Québec any amount that the latter may grant, to those persons, as special benefits or last resort assistance benefits, in accordance with the *Act respecting income support, employment assistance and social solidarity* (1998, c. 36).
3. I also 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 those persons.

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

In witness whereof, I have signed at \_\_\_\_\_  
town

\_\_\_\_\_  
Signature of sponsor

\_\_\_\_\_  
year / month / day

\_\_\_\_\_  
Signature of cosignatory spouse (where applicable)

**ACCEPTANCE OF THE UNDERTAKING (RESERVED FOR ADMINISTRATION)**

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

\_\_\_\_\_  
Signature year / month / day



**UNDERTAKING**  
Collective sponsorship  
Group of five persons

File No. :

Individual Reference No. :

The information required in this form is necessary to process your application. Any omission or refusal to answer may result in its rejection or cause delays in the processing of your file. For further information, you may also refer to the *Act respecting Immigration to Québec* (R.S.Q., c., I-0.2) and the *Regulation respecting the selection of foreign nationals* (R.R.Q., 1981, c. M-23.1, r. 2).

**IDENTIFICATION OF GROUP**

**Official spokesperson of the group**

Family name at birth : \_\_\_\_\_  
First name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_

**Reserved for administration**

Individual Reference No. :

**Names of the other persons forming the group**

Family name at birth : \_\_\_\_\_  
First name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_

Individual Reference No. :

Family name at birth : \_\_\_\_\_  
First name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_

Individual Reference No. :

Family name at birth : \_\_\_\_\_  
First name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_

Individual Reference No. :

Family name at birth : \_\_\_\_\_  
First name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_

Individual Reference No. :

**IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON AND HIS DEPENDANTS**

**Definition of a dependant**

- The spouse who is at least 16 years of age.
- Any unmarried (single, widowed or divorced) child who is under 19 years of age or the spouse's child and any dependant child of that child, if applicable.
- Any dependant child <sup>(1)</sup> or the spouse's child, 19 years of age or over, unmarried (single, widowed or divorced), enrolled in full-time studies <sup>(2)</sup> since his/her 19<sup>th</sup> birthday and any dependant child of that child, if applicable.
- Any dependant child <sup>(1)</sup> or the spouse's child, married prior to age 19, who has been enrolled in full-time studies since <sup>(2)</sup> his/her marriage and any dependant child <sup>(1)</sup> of that child, if applicable.
- Any dependant child <sup>(1)</sup> or the spouse's child, suffering from a physical or mental disability that makes him/her unable to provide for his/her needs and any dependant child of that child, if applicable.

<sup>(1)</sup> The child must be entirely or almost entirely in the financial care of his/her parents.

<sup>(2)</sup> The student must be enrolled in full-time studies in an educational establishment and be taking general, vocational or technical training courses on an uninterrupted basis. A maximum interruption of a total of one year is admissible.

	FAMILY NAME (at birth) AND FIRST NAME	RELATIONSHIP with the principal sponsored person	SEX	DATE OF BIRTH year / month / day	ADDRESS
<b>A</b>	Principal sponsored person :				
<b>B</b>	Accompanying dependants of the principal sponsored person :				
1					
2					
3					
4					
5					

Use a separate sheet if necessary



<b>C</b>	Dependants of the principal sponsored person who are not covered by the undertaking :																							
1																								
2																								
3																								
<b>D</b>	Expected locality of settlement of the sponsored person and his dependants :																							
<b>E</b>	Do the sponsored persons have close relatives (child, spouse, father or mother) residing in Québec? If yes, what is the relationship :																							
<b>UNDERTAKING</b>																								
<b>This undertaking is a juridical act the non compliance to which may result in legal proceedings.</b>																								
<p>The undertaking shall be for one year. It comes into force from the moment the sponsored persons are admitted as permanent residents or under a Minister's permit.</p> <p>The amounts required to provide for basic needs are determined in Schedule C to the <i>Regulation respecting the selection of foreign nationals</i>. They include food, clothing, personal necessities and any other expenses pertaining to living accommodations, insofar as the sponsored persons reasonably need them. Those amounts shall be indexed annually.</p> <p>The department may revoke an undertaking or a Québec selection certificate if the undertaking was accepted or if the certificate was issued on the strength of false or misleading information or documents, accepted or issued by error or where the conditions required for the acceptance of the undertaking or the issue of the selection certificate cease to exist. <b>In no other case may an undertaking be revoked.</b></p> <p>The undertaking may become null and void if the sponsored persons do not qualify under the <i>Regulation respecting the selection of foreign nationals</i>, are not admitted as permanent residents or as holders of a Minister's permit or do not obtain a Québec selection certificate within 24 months following the date on which the undertaking was signed by the immigration officer.</p> <p>Legal proceedings may be instituted against the sponsor if he fails to comply with the undertaking or if he provides false or misleading information.</p> <p>The undertaking is binding on all parties, meaning that each member of the group is responsible for other members who do not comply with their undertaking.</p> <p>Access to the information provided is restricted to the persons authorized under the provisions of the <i>Act respecting Access to documents held by public bodies and the Protection of personal information</i> (R.S.Q., c. A-2.1). That information may be used for research or evaluation purposes. The department may verify the accuracy of the information provided by consulting a third party and release information obtained within the scope of this application to Canadian immigration authorities and Québec public bodies if such information is necessary for the carrying out of an Act in Québec. The department may request from any other department or public body information related to the sponsor's addresses. The department may forward a copy of this undertaking to the contemplated sponsored persons.</p> <p>We, the undersigned, acknowledge having examined the information contained in the form and understand the nature and scope of the undertaking that binds us to the persons covered by the undertaking. Consequently :</p> <ol style="list-style-type: none"> <li>1. We undertake to provide, during the entire term of the undertaking, for the basic needs of those persons, as established in Schedule C to the <i>Regulation respecting the selection of foreign nationals</i> (R.R.Q., 1981, c. M-23.1, r. 2).</li> <li>2. We undertake to ensure the reception of the person on whose behalf the undertaking is given, and to provide that person with assistance in settling in. This includes ensuring reception in the region or locality of settlement, providing information on Québec society and culture, arranging for the consultation services necessary for integration into Québec, and providing assistance in seeking employment.</li> <li>3. We undertake to reimburse the Gouvernement du Québec any amount that the latter may grant, as special benefits or last resort assistance benefits, to those persons, in accordance with the <i>Act respecting income support, employment assistance and social solidarity</i> (1998, c. 36).</li> <li>4. We also 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 those persons.</li> </ol> <p>We declare that the information contained in this form is complete and accurate.</p> <p>In witness whereof, we have signed at _____ this _____ day of _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 50%; border: none;">_____</td> </tr> <tr> <td style="border: none;"><i>Name</i></td> <td style="border: none;"><i>Signature</i></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><i>Name</i></td> <td style="border: none;"><i>Signature</i></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><i>Name</i></td> <td style="border: none;"><i>Signature</i></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><i>Name</i></td> <td style="border: none;"><i>Signature</i></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><i>Name</i></td> <td style="border: none;"><i>Signature</i></td> </tr> </table>					_____	_____	<i>Name</i>	<i>Signature</i>	_____	_____	<i>Name</i>	<i>Signature</i>	_____	_____	<i>Name</i>	<i>Signature</i>	_____	_____	<i>Name</i>	<i>Signature</i>	_____	_____	<i>Name</i>	<i>Signature</i>
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<b>ACCEPTANCE OF THE UNDERTAKING</b>																								
Name of authorized officer _____																								
Signature _____ year / month / day																								



**UNDERTAKING**  
Collective sponsorship  
Legal person

File No. :

Individual Reference No. :

The information required in this form is necessary to process your application. Any omission or refusal to answer may result in its rejection or cause delays in the processing of your file. For further information, you may also refer to the *Act respecting Immigration to Québec* (R.S.Q., c., I-0.2) and the *Regulation respecting the selection of foreign nationals* (R.R.Q., 1981, c. M-23.1, r. 2).

**IDENTIFICATION OF LEGAL PERSON**

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_ E-mail : \_\_\_\_\_

**Person authorized by the Board of directors to sign this undertaking**

Family name, first name and occupation : \_\_\_\_\_

Mailing address if different from above : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

**IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON AND HIS DEPENDANTS**

**Definition of a dependant**

- The spouse who is at least 16 years of age.
- Any unmarried (single, widowed or divorced) child who is under 19 years of age or the spouse's child and any dependant child of that child, if applicable.
- Any dependant child <sup>(1)</sup> or the spouse's child, 19 years of age or over, unmarried (single, widowed or divorced), enrolled in full-time studies <sup>(2)</sup> since his/her 19<sup>th</sup> birthday and any dependant child of that child, if applicable.
- Any dependant child <sup>(1)</sup> or the spouse's child, married prior to age 19, who has been enrolled in full-time studies since <sup>(2)</sup> his/her marriage and any dependant child <sup>(1)</sup> of that child, if applicable.
- Any dependant child <sup>(1)</sup> or the spouse's child, suffering from a physical or mental disability that makes him/her unable to provide for his/her needs and any dependant child of that child, if applicable.

<sup>(1)</sup> The child must be entirely or almost entirely in the financial care of his/her parents.

<sup>(2)</sup> The student must be enrolled in full-time studies in an educational establishment and be taking general, vocational or technical training courses on an uninterrupted basis. A maximum interruption of a total of one year is admissible.

	FAMILY NAME (at birth) AND FIRST NAME	RELATIONSHIP with the principal sponsored person	SEX	DATE OF BIRTH year / month / day	ADDRESS
<b>A</b>	Principal sponsored person :				
<b>B</b>	Accompanying dependants of the principal sponsored person :				
1					
2					
3					
4					
5					
6					
<b>C</b>	Dependants of the principal person who are not covered by the undertaking :				
1					
2					
<b>D</b>	Expected locality of settlement of the sponsored person and his dependants :				
<b>E</b>	Do the sponsored persons have close relatives (child, spouse, father or mother) residing in Québec? If yes, what is the relationship :				

<b>DECLARATIONS (PLEASE CHECK THE APPROPRIATE BOX)</b>	
<input type="checkbox"/> yes <input type="checkbox"/> no	The legal person carries out activities in Québec.
<input type="checkbox"/> yes <input type="checkbox"/> no	The legal person is incorporated under Part III of the <i>Companies Act</i> (R.S.Q., c. C-38) or is incorporated as a non-profit making corporation within the meaning of the laws of Canada or any other Canadian province.
<input type="checkbox"/> yes <input type="checkbox"/> no	The legal person is registered in accordance with the <i>Act respecting the legal publicity of sole proprietorships, partnerships and legal persons</i> (R.S.Q., c. P-45).
<input type="checkbox"/> yes <input type="checkbox"/> no	The legal person is a party authority within the meaning of Chapter I of Title III of the <i>Election Act</i> (R.S.Q., c. E-3.3).
<input type="checkbox"/> yes <input type="checkbox"/> no	The legal person has representatives in the expected region or locality of settlement of the foreign national, whom it is sponsoring.
<input type="checkbox"/> yes <input type="checkbox"/> no	The legal person has already contracted a similar undertaking.
<b>UNDERTAKING</b>	
<b>This undertaking is a juridical act the non compliance to which may result in legal proceedings.</b>	
The undertaking shall be for one year. It comes into force from the moment the sponsored persons are admitted as permanent residents or under a Minister's permit.	
The amounts required to provide for basic needs are determined in Schedule C to the <i>Regulation respecting the selection of foreign nationals</i> . They include food, clothing, personal necessities and any other expenses pertaining to living accommodations, insofar as the sponsored persons reasonably need them. Those amounts shall be indexed annually.	
The department may revoke an undertaking or a Québec selection certificate if the undertaking was accepted or if the certificate was issued on the strength of false or misleading information or documents, accepted or issued by error or where the conditions required for the acceptance of the undertaking or the issue of the selection certificate cease to exist. <b>In no other case may an undertaking be revoked.</b>	
The undertaking may become null and void if the sponsored persons do not qualify under the <i>Regulation respecting the selection of foreign nationals</i> , are not admitted as permanent residents or as holders of a Minister's permit or do not obtain a Québec selection certificate within 24 months following the date on which the undertaking was signed by the immigration officer.	
Legal proceedings may be instituted against the sponsor if he fails to comply with the undertaking or if he provides false or misleading information.	
Access to the information provided is restricted to the persons authorized under the provisions of the <i>Act respecting Access to documents held by public bodies and the Protection of personal information</i> (R.S.Q., c. A-2.1). That information may be used for research or evaluation purposes. The department may verify the accuracy of the information provided by consulting a third party and release information obtained within the scope of this application to Canadian immigration authorities and Québec public bodies if such information is necessary for the carrying out of an Act in Québec. The department may forward a copy of this undertaking to the contemplated sponsored persons.	
The legal person acknowledges having examined the information contained in the form and understands the nature and scope of the undertaking that binds it to the persons covered by this undertaking. Consequently :	
<ol style="list-style-type: none"> <li>1. The legal person undertakes to provide, during the entire term of the undertaking, for the basic needs of those persons, as established in Schedule C to the <i>Regulation respecting the selection of foreign nationals</i> (R.R.Q., 1981, c. M-23.1, r. 2).</li> <li>2. The legal person undertakes to ensure the reception of the person on whose behalf the undertaking is given, and to provide that person with assistance in settling in. This includes ensuring reception in the region or locality of settlement, providing information on Québec society and culture, arranging for the consultation services necessary for integration into Québec, and providing assistance in seeking employment.</li> <li>3. The legal person undertakes to reimburse the Gouvernement du Québec any amount that the latter may grant, as special benefits or last resort assistance benefits, to those persons, in accordance with the <i>Act respecting income support, employment assistance and social solidarity</i> (1998, c. 36).</li> <li>4. The legal person also undertakes 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 those persons.</li> </ol>	
The legal person declares that the information contained in this form and in the documents attached thereto is complete and accurate.	
In witness whereof, the legal person _____	
duly represented for those purposes by _____	
as attested by the resolution of the Board of directors dated _____	
and attached hereto, gives an undertaking this _____ day of _____	
_____	_____
<i>Name of the legal person's representative</i>	<i>Signature</i>
<b>ACCEPTANCE OF THE UNDERTAKING</b>	
Name of authorized officer _____	
Signature _____	_____ year / month / day