

**M.O., 2006****Order number 2006-015 of the Minister responsible for the Act respecting immigration to Québec dated 29 September 2006**

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 Minister's Order dated 13 June 2002, published in the *Gazette officielle du Québec* of 26 June 2002, concerning the prescribing as of 28 June 2002 of five forms to give an undertaking and an additional document;

CONSIDERING the Minister's Order dated 24 March 2003, published in the *Gazette officielle du Québec* of 9 April 2003, concerning the replacement as of 14 April 2003 of four of those forms to give an undertaking and the additional document;

CONSIDERING the amendments made to the Regulation respecting the selection of foreign nationals by the Regulation to amend the Regulation respecting the selection of foreign nationals, made by Order in Council 838-2006 dated 13 September 2006;

CONSIDERING it is expedient to replace the collective sponsorship form for the undertaking of a group of five persons, prescribed by the Minister's Order dated 13 June 2002, and the four forms to give an undertaking and the additional document prescribed by the Minister's Order dated 24 March 2003;

CONSIDERING it is also expedient to prescribe a new collective sponsorship form for an undertaking given by a Québec resident and a legal person;

## ORDERS AS FOLLOWS :

The following forms to give an undertaking and the additional document attached to this Order are prescribed as of 16 October 2006 pursuant to the Act respecting immigration to Québec:

— Undertaking – Family Class

— Undertaking – Economic Class or applicant referred to in section 18 (c) (iv) of the Regulation respecting the selection of foreign nationals – Legal Person

— Undertaking – Economic Class or applicant referred to in section 18 (c) (i) or 18 (c) (iv) of the Regulation respecting the selection of foreign nationals – On-site applicant – Québec Resident

— Undertaking – Collective Sponsorship – Group of two to five persons

— Undertaking – Collective Sponsorship – Legal Person

— Undertaking – Collective Sponsorship – Joint Undertaking Application – Québec Resident and Legal Person

— Sponsor's Individual Record – Collective Sponsorship – Group and Joint Undertaking Application

The forms and the additional document replace those that were prescribed by the Minister's Orders dated 13 June 2002 and 24 March 2003.

LISE THÉRIAULT,  
*Minister of Immigration  
and Cultural Communities*

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**For official use only**  
File No. :

SECTION 4 DECLARATION (Please check the appropriate box.)		
<b>SPONSOR</b>	<b>CO-SIGNER SPOUSE</b>	<b>You must indicate by "yes" or "no" if the following statements apply to you.</b> 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 past 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.
	<input type="checkbox"/> yes <input type="checkbox"/> no	I am the sponsor's de facto spouse.
	<input type="checkbox"/> yes <input type="checkbox"/> no	I am the sponsor's spouse.
SECTION 5 DECLARATION OF THE PERSON SPONSORING A SPOUSE		
<input type="checkbox"/> yes <input type="checkbox"/> no		At the time of my marriage, I was someone else's spouse.
<input type="checkbox"/> yes <input type="checkbox"/> no		I have a de facto spouse or a conjugal partner, and I have been living separate and apart from my spouse for at least one year.
SECTION 6 DECLARATION OF THE PERSON SPONSORING A DE FACTO SPOUSE		
<input type="checkbox"/> yes <input type="checkbox"/> no		I reside with, and have been in a conjugal relationship with _____ Name of de facto spouse since _____. Year / Month / Day
<input type="checkbox"/> yes <input type="checkbox"/> no		I have been in a conjugal relationship with _____ Name of de facto spouse since _____ . Due to persecution or penal control, we are unable to reside together. Year / Month / Day
SECTION 7 DECLARATION OF THE PERSON SPONSORING A CONJUGAL PARTNER		
<input type="checkbox"/> yes <input type="checkbox"/> no		I have been in a conjugal relationship with _____ Name of conjugal partner since _____. Year / Month / Day
SECTION 8 IMPORTANT INFORMATION		
<p>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.</p> <p>The sponsor's spouse or de facto spouse participating in the undertaking as co-signer spouse is responsible of this undertaking jointly and with solidarity.</p> <p>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.</p>		

For official use only

File No. :

**SECTION 9 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 Québec, 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 Québec;
- exercise the powers of an agency of the Government of Québec 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 Québec, 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, or the office of the person responsible for the protection of personal information within the Ministry, at the following address :

Secrétariat général  
Ministère de l'Immigration et des Communautés culturelles  
Édifice Gérard-Godin  
360, rue McGill, 4<sup>e</sup> étage  
Montréal (Québec) H2Y 2E9

**SECTION 10 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 9 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 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 and the co-signer 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 in the *Sponsor's Guide*, 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 Act respecting income support, employment assistance and social solidarity (R.S.Q., c. S-32.001);
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)

**SECTION 11 DECISION (For official use only)**
 Undertaking accepted

 Undertaking denied

Name of authorized officer

Signature

Year / Month / Day

Immigration  
et Communautés  
culturelles



**UNDERTAKING**

Economic Class or applicant referred to in section 18 (c) (iv) of the Regulation respecting the selection of foreign nationals

**LEGAL PERSON**

**For official use only**

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

Please refer to the instruction sheet to fill out this form.

<b>SECTION 1 IDENTIFICATION OF LEGAL PERSON</b>	
Name : _____	
Address : _____ <small>Number Street City Province / State Postal code</small>	
Telephone No. : _____ Fax No. : _____	
<b>Person authorized by the Board of Directors to sign this undertaking</b>	
Family name, first name and occupation : _____	
Mailing address (if different from above) : _____	
Telephone No. : _____ Fax No. : _____	
<b>SECTION 2 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON AND FAMILY MEMBERS</b>	
<b>A. Principal sponsored person</b>	<small>For official use only</small>
Family name at birth : _____ First name : _____	Individual Reference No. :  _____
Family name after marriage (if applicable) : _____	
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____	
Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small>	
Residential address : _____ <small>Number Street City Country Postal code</small>	
Mailing address (if different) : _____ <small>Number Street City Country Postal code</small>	
<b>B. 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 : _____ First name : _____	Individual Reference No. :  _____
Family name after marriage : _____ Relationship with the principal sponsored person : _____ <small>(if applicable)</small>	
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____	
Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small>	
Mailing address (if different) : _____ <small>Number Street City Country Postal code</small>	
Family name at birth : _____ First name : _____	
Family name after marriage : _____ Relationship with the principal sponsored person : _____ <small>(if applicable)</small>	
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____	
Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small>	
Mailing address (if different) : _____ <small>Number Street City Country Postal code</small>	
Family name at birth : _____ First name : _____	Individual Reference No. :  _____
Family name after marriage : _____ Relationship with the principal sponsored person : _____ <small>(if applicable)</small>	
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____	
Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small>	
Mailing address (if different) : _____ <small>Number Street City Country Postal code</small>	

Family name at birth : _____ First name : _____ Family name after marriage : _____ Relationship with the principal sponsored person : _____ <small>(if applicable)</small> Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small> Mailing address (if different) : _____ <small>Number Street City Country Postal code</small>	Individual Reference No. : _____ _____ _____
Family name at birth : _____ First name : _____ Family name after marriage : _____ Relationship with the principal sponsored person : _____ <small>(if applicable)</small> Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small> Mailing address (if different) : _____ <small>Number Street City Country Postal code</small>	Individual Reference No. : _____ _____ _____
Family name at birth : _____ First name : _____ Family name after marriage : _____ Relationship with the principal sponsored person : _____ <small>(if applicable)</small> Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small> Mailing address (if different) : _____ <small>Number Street City Country Postal code</small>	Individual Reference No. : _____ _____ _____
<b>C. 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>	
Family name at birth : _____ First name : _____ Family name after marriage : _____ Relationship with the principal sponsored person : _____ <small>(if applicable)</small> Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Country of birth : _____ <small>Year / Month / Day</small>	
Family name at birth : _____ First name : _____ Family name after marriage : _____ Relationship with the principal sponsored person : _____ <small>(if applicable)</small> Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Country of birth : _____ <small>Year / Month / Day</small>	
Family name at birth : _____ First name : _____ Family name after marriage : _____ Relationship with the principal sponsored person : _____ <small>(if applicable)</small> Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Country of birth : _____ <small>Year / Month / Day</small>	
Family name at birth : _____ First name : _____ Family name after marriage : _____ Relationship with the principal sponsored person : _____ <small>(if applicable)</small> Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Country of birth : _____ <small>Year / Month / Day</small>	
<b>D. Expected locality of settlement of the sponsored person and family members : _____</b>	

**For official use only**
 Partner No. : \_\_\_\_\_  
 File No. : \_\_\_\_\_
**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 Québec, 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 Québec;
- exercise the powers of an agency of the Government of Québec 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 Québec, 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, or the office of the person responsible for the protection of personal information within the Ministry, at the following address :

Secrétariat général  
 Ministère de l'Immigration et des Communautés culturelles  
 Édifice Gérald-Godin  
 360, rue McGill, 4<sup>e</sup> étage  
 Montréal (Québec) H2Y 2E9

**SECTION 4 IMPORTANT INFORMATION**

**The 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 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.

**SECTION 5 DECLARATION**

You must indicate by "yes" or "no" if the following statements apply to you.

- yes  no The legal person is engaged in activities in Québec.
- yes  no The legal person is incorporated under Part III of the Companies Act (R.S.Q., c. C-38), the Religious Corporations Act (R.S.Q., c. C-71), the Roman Catholic Bishops Act (R.S.Q., c. E-17), the Act respecting fabriques (R.S.Q., c. F-1) or the Professional Syndicates Act (R.S.Q., c. S-40), or is incorporated as a non-profit corporation within the meaning of a law of Canada or that of any province of Canada.
- yes  no The legal person is registered in accordance with the Act respecting the legal publicity of sole proprietorships, partnerships and legal persons (R.S.Q., c. P-45).
- yes  no The legal person is a political party or a party authority within the meaning of Chapter I of Title III of the Election Act (R.S.Q., c. E-3.3).
- yes  no The legal person has representatives in the expected region or locality of settlement of the foreign national whom it is sponsoring.
- yes  no The legal person has previously contracted an undertaking
- yes  no If "yes", the legal person has complied with the financial obligations related to that undertaking.

**SECTION 6 UNDERTAKING**

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

The legal person declares that the information contained in this form is complete and accurate.

The legal person declares having read the notice respecting the "Protection of personal information" in Section 3 of this form.

The legal person further acknowledges 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 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 a sponsor if he fails to comply with the undertaking or if he provides false or misleading information.

The legal person acknowledges having read the information contained in this form and understands the nature and scope of the undertaking that binds it to the persons covered by this undertaking application. Consequently :

1. The legal person undertakes to provide, during the entire term of the undertaking, **that is to say five years**, 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. The legal person undertakes 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 Act respecting income support, employment assistance and social solidarity (R.S.Q., c. S-32.001);
3. The legal person 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 the sponsored person(s).

In witness whereof, the duly authorized representative of the legal person for the purposes of the present document, as attested to by the attached

resolution of the Board of Directors dated \_\_\_\_\_  
Year / Month / Day

has signed in \_\_\_\_\_  
City

\_\_\_\_\_  
Name of the legal person's representative

\_\_\_\_\_  
Signature

**SECTION 7 DECISION (For official use only)**

Undertaking accepted

Undertaking denied

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

\_\_\_\_\_  
Signature

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





**SECTION 4 IMPORTANT INFORMATION**

This undertaking is valid for three years for the spouse, de facto spouse, and conjugal partner. In the case of a dependent child under the age of 16 on the date when the obligations set forth herein take effect, the undertaking is valid for ten years or until the age of majority (18 years), whichever is longer. In the case of a dependant child aged 16 or over on the date when the obligations set forth herein take effect, the undertaking is valid for three years or until age 25, whichever is longer. For other sponsored persons, the 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 jointly and 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.

**SECTION 5 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, or the office of the person responsible for the protection of personal information within the Ministry, at the following address :

Secrétariat général  
Ministère de l'Immigration et des Communautés culturelles  
Édifice Gérald-Godin  
360, rue McGill, 4<sup>e</sup> étage  
Montréal (Québec) H2Y 2E9



**SECTION 7 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 5 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 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 and the co-signer 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 this 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 Act respecting income support, employment assistance and social solidarity (R.S.Q., c. S-32.001);
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) \_\_\_\_\_

**SECTION 8 DECISION (For official use only)**

- Undertaking accepted**  This undertaking is valid for three years for the spouse, de facto spouse, and conjugal partner.
- In the case of a dependent child under the age of 16 on the date when the obligations set forth herein take effect, the undertaking is valid for ten years or until the age of majority (18 years), whichever is longer.
- In the case of a dependent child aged 16 or over on the date when the obligations set forth herein take effect, the undertaking is valid for three years or until age 25, whichever is longer.
- For other sponsored persons, the undertaking is valid for five years.

**Undertaking denied**

\_\_\_\_\_  
Name of authorized officer \_\_\_\_\_ Signature \_\_\_\_\_ Year / Month / Day \_\_\_\_\_



**UNDERTAKING**  
Collective Sponsorship - Group of two to five Persons

<b>For official use only</b>	
File No. :	_____

Please refer to the guide *Parrainage collectif des personnes en situation particulière de détresse* to fill out this form.

<b>SECTION 1 IDENTIFICATION OF SPONSORS</b>	
<b>A. Official spokesperson of the group</b>	For official use only
Family name at birth : _____ First name : _____ Family name after marriage : _____ (if applicable) Date of birth : _____ Year / Month / Day Address : _____ Number _____ Street _____ City _____ Province / State _____ Postal code _____ Telephone No. at home : _____ Telephone No. at work : _____	Individual Reference No. _____
<b>B. Other members of the group</b>	
Family name at birth : _____ First name : _____ Family name after marriage : _____ (if applicable) Date of birth : _____ Year / Month / Day Address : _____ Number _____ Street _____ City _____ Province / State _____ Postal code _____ Telephone No. at home : _____ Telephone No. at work : _____	Individual Reference No. _____
Family name at birth : _____ First name : _____ Family name after marriage : _____ (if applicable) Date of birth : _____ Year / Month / Day Address : _____ Number _____ Street _____ City _____ Province / State _____ Postal code _____ Telephone No. at home : _____ Telephone No. at work : _____	Individual Reference No. _____
Family name at birth : _____ First name : _____ Family name after marriage : _____ (if applicable) Date of birth : _____ Year / Month / Day Address : _____ Number _____ Street _____ City _____ Province / State _____ Postal code _____ Telephone No. at home : _____ Telephone No. at work : _____	Individual Reference No. _____
Family name at birth : _____ First name : _____ Family name after marriage : _____ (if applicable) Date of birth : _____ Year / Month / Day Address : _____ Number _____ Street _____ City _____ Province / State _____ Postal code _____ Telephone No. at home : _____ Telephone No. at work : _____	Individual Reference No. _____
<b>SECTION 2 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON AND FAMILY MEMBERS</b>	
<b>A. Principal sponsored person</b>	
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Residential address : _____ Number _____ Street _____ City _____ Country _____ Postal code _____ Mailing address (if different) : _____ Number _____ Street _____ City _____ Country _____ Postal code _____	Individual Reference No. _____



For official use only

File No. : [ ]

**D. 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.)**

Family name at birth : _____ First name : _____	Individual Reference No.  [ ]
Family name after marriage (if applicable) : _____	
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____	
Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small>	
Relationship with the principal sponsored person : _____	
Mailing address (if different) : _____ <small>Number Street City Country Postal code</small>	

**SECTION 3 ADDITIONNAL INFORMATION**

- A. Expected locality of settlement of the sponsored person and family members : \_\_\_\_\_
- B. Do the sponsored persons have close relatives (child, spouse, father or mother) residing in Québec? If yes, please indicate their name and the relationship : \_\_\_\_\_

**SECTION 4 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 Québec, 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 Québec;
- exercise the powers of an agency of the Government of Québec 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 Québec, 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, or the office of the person responsible for the protection of personal information within the Ministry, at the following address :

Secrétariat général  
Ministère de l'Immigration et des Communautés culturelles  
Édifice Gérald-Godin  
360, rue McGill, 4<sup>e</sup> étage  
Montréal (Québec) H2Y 2E9

**SECTION 5 IMPORTANT INFORMATION**

The undertaking is normally valid for one year. However the undertaking is valid for three years if the Minister is of the opinion that the sponsored person is able to settle successfully in Québec society but will not be able to integrate the labour market and that her physical integrity is not threatened where she is located. 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 undertaking is joint and solidary. Each member of the group is responsible for the share of the other members of the group who fail to fulfill their undertaking.

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 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.





Immigration  
et Communautés  
culturelles



**UNDERTAKING**  
Collective Sponsorship – Legal Person

<b>For official use only</b>	
Partner No. :	_____
File No. :	_____

Please refer to the guide *Parrainage collectif des personnes en situation particulière de détresse* to fill out this form.

SECTION 1 IDENTIFICATION OF LEGAL PERSON	
Name : _____	
Address : _____ Number Street City Province / State Postal code	
Telephone No. : _____ Fax No. : _____	
<b>Person authorized by the Board of Directors to sign this undertaking</b>	
Family name, first name and occupation : _____	
Mailing address (if different from above) : _____	
Telephone No. : _____ Fax No. : _____	
SECTION 2 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON AND FAMILY MEMBERS	
A. Principal sponsored person	For official use only
Family name at birth : _____ First name : _____	Individual Reference No.  _____
Family name after marriage (if applicable) : _____	
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____	
Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____	
Residential address : _____ Number Street City Country Postal code	
Mailing address (if different) : _____ Number Street City Country Postal code	
B. Members of the principal sponsored person's family who are accompanying that person to Québec (Attach an extra page if necessary.)	
Family name at birth : _____ First name : _____	Individual Reference No.  _____
Family name after marriage (if applicable) : _____	
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____	
Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____	
Relationship with the principal sponsored person : _____	
Mailing address (if different) : _____ Number Street City Country Postal code	
Family name at birth : _____ First name : _____	Individual Reference No.  _____
Family name after marriage (if applicable) : _____	
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____	
Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____	
Relationship with the principal sponsored person : _____	
Mailing address (if different) : _____ Number Street City Country Postal code	
Family name at birth : _____ First name : _____	Individual Reference No.  _____
Family name after marriage (if applicable) : _____	
Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____	
Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____	
Relationship with the principal sponsored person : _____	
Mailing address (if different) : _____ Number Street City Country Postal code	

Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <div style="text-align: right; font-size: small;">                         Number Street City Country Postal code                     </div>	Individual Reference No.  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <div style="text-align: right; font-size: small;">                         Number Street City Country Postal code                     </div>	Individual Reference No.  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <div style="text-align: right; font-size: small;">                         Number Street City Country Postal code                     </div>	Individual Reference No.  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
<b>C. Members of the principal sponsored person's family who are not accompanying that person to Québec but who are covered by the undertaking (Attach an extra page if necessary.)</b>	
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <div style="text-align: right; font-size: small;">                         Number Street City Country Postal code                     </div>	Individual Reference No.  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <div style="text-align: right; font-size: small;">                         Number Street City Country Postal code                     </div>	Individual Reference No.  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
<b>D. 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>	
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <div style="text-align: right; font-size: small;">                         Number Street City Country Postal code                     </div>	Individual Reference No.  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
<b>SECTION 3 ADDITIONNAL INFORMATION</b>	
A. Expected locality of settlement of the sponsored person and family members : _____ B. Do the sponsored persons have close relatives (child, spouse, father or mother) residing in Québec? If yes, please indicate their name and the relationship : _____	



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

The legal person declares that the information contained in this form is complete and accurate.

The legal person declares having read the notice respecting the "Protection of personal information" in Section 4 of this form.

The legal person further acknowledges 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 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 a sponsor if he fails to comply with the undertaking or if he provides false or misleading information.

The legal person acknowledges having read the information contained in this form and in the guide *Parrainage collectif des personnes en situation particulière de détresse*, and understands the nature and scope of the undertaking that binds it to the persons covered by this undertaking application. Consequently :

1. The legal person undertakes 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. The legal person undertakes to ensure the reception of the person on whose behalf the undertaking is given, and to provide that person assistance in setting 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.
3. The legal person undertakes 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 Act respecting income support, employment assistance and social solidarity (R.S.Q., c. S-32.001);
4. The legal person 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 the sponsored person(s).

The present undertaking is valid for  1 year  3 years

In witness whereof, the duly authorized representative of the legal person for the purpose of the present document, as attested to by the attached

resolution of the Board of Directors dated \_\_\_\_\_ ,  
Year / Month / Day

has signed in \_\_\_\_\_  
City Year / Month / Day

\_\_\_\_\_  
Name of the legal person's representative Signature

**SECTION 7 DECISION (For official use only)**

Undertaking accepted  1 year  3 years

Undertaking denied

\_\_\_\_\_  
Name of authorized officer Signature Year / Month / Day

Immigration  
et Communautés  
culturelles



**UNDERTAKING**

Collective Sponsorship – Joint Undertaking Application –  
Québec Resident and Legal Person

For official use only

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

Please refer to the guide *Parrainage collectif des personnes en situation particulière de détresse* to fill out this form.

**SECTION 1 IDENTIFICATION OF SPONSORS**

**A. Identification of Québec resident**

Family name at birth : \_\_\_\_\_ First name : \_\_\_\_\_  
 Family name after marriage : \_\_\_\_\_ (if applicable) Date of birth : \_\_\_\_\_ Year / Month / Day  
 Address : \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Province / State \_\_\_\_\_ Postal code \_\_\_\_\_  
 Telephone No. at home : \_\_\_\_\_ Telephone No. at work : \_\_\_\_\_  
 Official spokesperson of the group :  Yes  No

**B. Identification of legal person**

Name : \_\_\_\_\_  
 Address : \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Province / State \_\_\_\_\_ Postal code \_\_\_\_\_  
 Telephone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

**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. : \_\_\_\_\_  
 Official spokesperson of the group :  Yes  No

**SECTION 2 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON AND FAMILY MEMBERS**

**A. Principal sponsored person**

Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Residential address : _____ Number _____ Street _____ City _____ Country _____ Postal code _____ Mailing address (if different) : _____ Number _____ Street _____ City _____ Country _____ Postal code _____	Individual Reference No. _____
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**B. Members of the principal sponsored person's family who are accompanying that person to Québec**  
(Attach an extra page if necessary.)

Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ Number _____ Street _____ City _____ Country _____ Postal code _____	Individual Reference No. _____
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Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ Number _____ Street _____ City _____ Country _____ Postal code _____	Individual Reference No. _____
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Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Number</span> <span>Street</span> <span>City</span> <span>Country</span> <span>Postal code</span> </div>	Individual Reference No.  [                 ]
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Number</span> <span>Street</span> <span>City</span> <span>Country</span> <span>Postal code</span> </div>	Individual Reference No.  [                 ]
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Number</span> <span>Street</span> <span>City</span> <span>Country</span> <span>Postal code</span> </div>	Individual Reference No.  [                 ]
<b>C. Members of the principal sponsored person's family who are not accompanying that person to Québec but who are covered by the undertaking (Attach an extra page if necessary.)</b>	
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Number</span> <span>Street</span> <span>City</span> <span>Country</span> <span>Postal code</span> </div>	Individual Reference No.  [                 ]
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Number</span> <span>Street</span> <span>City</span> <span>Country</span> <span>Postal code</span> </div>	Individual Reference No.  [                 ]
<b>D. 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>	
Family name at birth : _____ First name : _____ Family name after marriage (if applicable) : _____ Sex : <input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Other (specify) _____ Date of birth : _____ Year / Month / Day Country of birth : _____ Telephone No. : _____ Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Number</span> <span>Street</span> <span>City</span> <span>Country</span> <span>Postal code</span> </div>	Individual Reference No.  [                 ]
<b>SECTION 3 ADDITIONAL INFORMATION</b>	
A. Expected locality of settlement of the sponsored person and family members : _____ B. Do the sponsored persons have close relatives (child, spouse, father or mother) residing in Québec? If yes, please indicate their name and the relationship : _____	



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

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

We declare that we have read the notice respecting the "Protection of personal information" in Section 4 of this form.

We 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 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 a sponsor if he fails to comply with the undertaking or if he provides false or misleading information

We acknowledge having read the information contained in this form and in the guide *Parrainage collectif des personnes en situation particulière de détresse*, and we understand the nature and scope of the undertaking that binds us to the persons covered by our undertaking application. Consequently :

1. We 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. We undertake to ensure the reception of the person on whose behalf the undertaking is given, and to provide that person assistance in setting 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.
3. We 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 Act respecting income support, employment assistance and social solidarity (R.S.Q., c. S-32.001);
4. We 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).

The undertaking is valid for  1 year  3 years

In witness whereof, the Québec resident has signed in \_\_\_\_\_  
City

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

In witness whereof, the duly authorized representative of the legal person for the purposes of the present document, as attested to by the attached

resolution of the Board of Directors dated \_\_\_\_\_, has signed in \_\_\_\_\_  
Year / Month / Day City

\_\_\_\_\_  
Name of the legal person's representative Signature Year / Month / Day

**SECTION 7 DECISION (For official use only)**

Undertaking accepted  1 year  3 years

Undertaking denied

\_\_\_\_\_  
Name of authorized officer Signature Year / Month / Day





**SPONSOR'S INDIVIDUAL RECORD**  
Collective Sponsorship – Group and Joint Undertaking Application

<b>For official use only</b>	
Individual Reference No. :	_____
File No. :	_____

Please refer to the guide *Parrainage collectif des personnes en situation particulière de détresse* to fill out this form.

<b>SECTION 1 IDENTIFICATION OF SPONSOR</b>	
Family name at birth :	_____
Family name after marriage :	_____ (if applicable)
First name :	_____ Date of birth : _____ Year / Month / Day
Sex :	<input type="checkbox"/> F <input type="checkbox"/> M Civil status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto spouse <input type="checkbox"/> Divorced <input type="checkbox"/> Other (specify) _____
Status :	<input type="checkbox"/> Permanent resident <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Other (specify) _____
<b>SECTION 2 DECLARATION (Please check the appropriate box.)</b>	
<input type="checkbox"/> yes <input type="checkbox"/> no	I am domiciled in the region or locality where the sponsored person is to settle.
<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	I am detained in a penitentiary or jail.
<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 guide <i>Parrainage collectif des personnes en situation particulière de détresse</i> ).
<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	I am a Canadian citizen and I am subject to a procedure for revocation of my citizenship.
<input type="checkbox"/> yes <input type="checkbox"/> no	I have been subject to a recourse for non-payment of support payments in the past five years.
<input type="checkbox"/> yes <input type="checkbox"/> no	If "yes", I have repaid all outstanding amounts.
<input type="checkbox"/> yes <input type="checkbox"/> no	I have sponsored someone before.
<input type="checkbox"/> yes <input type="checkbox"/> no	If "yes", I have complied with the financial obligations related to that undertaking.
<input type="checkbox"/> yes <input type="checkbox"/> no	I am a recipient of last resort assistance benefits.
<b>SECTION 3 SIGNATURE OF SPONSOR</b>	
I declare that the information contained in this document is complete and accurate.	
I declare that I have read the notice respecting the çProtection of personal informationé on the back of this document.	
I further acknowledge being informed that:	
<ul style="list-style-type: none"> <li>- the Minister of Immigration and Cultural Communities may reject an application that contains false or misleading information or documents;</li> <li>- 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;</li> <li>- legal proceedings may be taken against the sponsor if he fails to comply with the undertaking or if he provides false or misleading information.</li> </ul>	
In witness whereof, I have signed in _____	_____
City	Year / Month / Day
_____	_____
Name	Signature of the sponsor

**SECTION 4 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 Québec, 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 Québec;
- exercise the powers of an agency of the Government of Québec 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 Québec, or to respond to an emergency.

Access to this information within the Ministry is restricted to the persons authorized to obtain 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, or the office of the person responsible for the protection of personal information within the Ministry, at the following address :

Secrétariat général  
Ministère de l'Immigration et des Communautés culturelles  
Édifice Gérard-Godin  
360, rue McGill, 4<sup>e</sup> étage  
Montréal (Québec) H2Y 2E9