

Regulations and other Acts

M.O., 2010

Order number AM 2010-012 of the Minister of Immigration and Cultural Communities dated 20 December 2010

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

Prescribed forms for 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 29 September 2006, published in the *Gazette officielle du Québec* of 11 October 2006, concerning the prescribing as of 16 October 2006 of five forms for an undertaking;

CONSIDERING the Minister's Order dated 3 December 2009, published in the *Gazette officielle du Québec* of 16 December 2009, concerning the prescribing as of 1 January 2010 of the Undertaking "Family Class form;

CONSIDERING the making of the Regulation respecting immigration consultants, made by Order in Council 544-2010 dated 23 June 2010;

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 545-2010 dated 23 June 2010;

CONSIDERING that it is expedient to prescribe six forms for an undertaking;

ORDERS AS FOLLOWS:

The following forms for an undertaking attached to this Order are hereby prescribed as of 2 February 2011 pursuant to the Act respecting immigration to Québec:

— UNDERTAKING
Collective Sponsorship – Group of 2 to 5 persons

— UNDERTAKING
Collective Sponsorship – Legal Person

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

— 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

The forms for an undertaking replace those that were prescribed by the Minister's Orders dated 29 September 2006 and 3 December 2009.

KATHLEEN WEIL,
*Minister of Immigration
and Cultural Communities*

UNDERTAKING

Collective Sponsorship - Group of two to five Persons

For official use only

File No. :

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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. Official spokesperson of the group	
<p>Family name at birth : _____ First name : _____</p> <p>Family name after marriage : _____ Date of birth : _____ (if applicable) Year / Month / Day</p> <p>Address : _____ Number Street City Province / State Postal code</p> <p>Telephone No. at home : _____ Telephone No. at work : _____</p>	<p>Individual Reference No. _ _ _ _ _ _ _ _ _ </p>
B. Other members of the group	
<p>Family name at birth : _____ First name : _____</p> <p>Family name after marriage : _____ Date of birth : _____ (if applicable) Year / Month / Day</p> <p>Address : _____ Number Street City Province / State Postal code</p> <p>Telephone No. at home : _____ Telephone No. at work : _____</p>	<p>Individual Reference No. _ _ _ _ _ _ _ _ _ </p>
<p>Family name at birth : _____ First name : _____</p> <p>Family name after marriage : _____ Date of birth : _____ (if applicable) Year / Month / Day</p> <p>Address : _____ Number Street City Province / State Postal code</p> <p>Telephone No. at home : _____ Telephone No. at work : _____</p>	<p>Individual Reference No. _ _ _ _ _ _ _ _ _ </p>
<p>Family name at birth : _____ First name : _____</p> <p>Family name after marriage : _____ Date of birth : _____ (if applicable) Year / Month / Day</p> <p>Address : _____ Number Street City Province / State Postal code</p> <p>Telephone No. at home : _____ Telephone No. at work : _____</p>	<p>Individual Reference No. _ _ _ _ _ _ _ _ _ </p>

For official use only

File 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. _____
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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 : _____ Country of birth : _____ Telephone No. : _____ Year / Month / Day Residential address : _____ Number Street City Province / State Postal code Mailing address (if different) : _____ Number Street City Province / State 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 : _____ Country of birth : _____ Telephone No. : _____ Year / Month / Day Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ Number Street City Province / State 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 : _____ Country of birth : _____ Telephone No. : _____ Year / Month / Day Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ Number Street City Province / State Postal code	Individual Reference No. _____
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For official use only

File 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 : _____ Country of birth : _____ Telephone No. : _____ <small style="margin-left: 40px;">Year / Month / Day</small> Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <small style="margin-left: 40px;">Number Street City Province / State Postal code</small>	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 : _____ Country of birth : _____ Telephone No. : _____ <small style="margin-left: 40px;">Year / Month / Day</small> Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <small style="margin-left: 40px;">Number Street City Province / State Postal code</small>	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 : _____ Country of birth : _____ Telephone No. : _____ <small style="margin-left: 40px;">Year / Month / Day</small> Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <small style="margin-left: 40px;">Number Street City Province / State Postal code</small>	Individual Reference No. _____
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.)	
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 : _____ Country of birth : _____ Telephone No. : _____ <small style="margin-left: 40px;">Year / Month / Day</small> Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <small style="margin-left: 40px;">Number Street City Province / State Postal code</small>	Individual Reference No. _____

For official use only

File 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 : _____ Country of birth : _____ Telephone No. : _____ <small style="margin-left: 100px;">Year / Month / Day</small> Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <small style="margin-left: 100px;">Number Street City Province / State Postal code</small>	Individual Reference No. <input type="text"/>
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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 : _____ 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 style="margin-left: 100px;">Year / Month / Day</small> Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <small style="margin-left: 100px;">Number Street City Province / State Postal code</small>	Individual Reference No. <input type="text"/>
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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 : _____ Country of birth : _____ Telephone No. : _____ <small style="margin-left: 100px;">Year / Month / Day</small> Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <small style="margin-left: 100px;">Number Street City Province / State Postal code</small>	Individual Reference No. <input type="text"/>
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SECTION 3 ADDITIONAL 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 : _____

For official use only

File No. : _____

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, the Regulation respecting immigration consultants 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. If the latter cannot provide the information requested, contact the person within the Ministry responsible for the protection of personal information at Secrétariat général du Ministère de l'Immigration et des Communautés culturelles, located at: Édifice Gérald-Godin, 360, rue McGill, 4^e étage, Montréal (Québec), H2Y 2E9.

SECTION 5 PAID INDIVIDUAL WHO ADVISES YOU, ASSISTS YOU OR REPRESENTS YOU IN THE FRAMEWORK OF YOUR APPLICATION

Yes No

You must answer the following questions.

Have you, in the framework of this application, retained a paid individual to advise, assist or represent you?

If **Yes**, is the person:

Yes No

a lawyer who is a member of the Barreau du Québec?

Yes No

a notary who is a member of the Chambre des notaires du Québec?

Yes No

a person holding a special authorization issued by the Barreau du Québec or the Chambre des notaires du Québec?

Yes No

an immigration consultant?

Yes No

another paid individual?

If the person is an immigration consultant or another paid individual, give:

Family name _____

First name _____

Registration number as it appears in the Registre québécois des consultants en immigration www.micc.gouv.qc.ca/consultant

SECTION 6 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.

For official use only

File No. : _____

SECTION 7 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.

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, we have signed in _____

_____	_____	_____
Name	Signature	Year / Month / Day
_____	_____	_____
Name	Signature	Year / Month / Day
_____	_____	_____
Name	Signature	Year / Month / Day
_____	_____	_____
Name	Signature	Year / Month / Day
_____	_____	_____
Name	Signature	Year / Month / Day

SECTION 8 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

Québec



UNDERTAKING

Collective Sponsorship – 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 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. : _____	
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 : _____ Country of birth : _____ Telephone No. : _____ Year / Month / Day	
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 : _____ Country of birth : _____ Telephone No. : _____ Year / Month / Day	
Relationship with the principal sponsored person : _____	
Mailing address (if different) : _____ Number Street City Province / State Postal code	

For official use only

Partner No. : _____
 File No. : _____

<p>Family name at birth : _____ First name : _____</p> <p>Family name after marriage (if applicable) : _____</p> <p>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) _____</p> <p>Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small></p> <p>Relationship with the principal sponsored person : _____</p> <p>Mailing address (if different) : _____ <small>Number Street City Province / State Postal code</small></p>	Individual Reference No. _____
<p>Family name at birth : _____ First name : _____</p> <p>Family name after marriage (if applicable) : _____</p> <p>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) _____</p> <p>Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small></p> <p>Relationship with the principal sponsored person : _____</p> <p>Mailing address (if different) : _____ <small>Number Street City Province / State Postal code</small></p>	Individual Reference No. _____
<p>Family name at birth : _____ First name : _____</p> <p>Family name after marriage (if applicable) : _____</p> <p>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) _____</p> <p>Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small></p> <p>Relationship with the principal sponsored person : _____</p> <p>Mailing address (if different) : _____ <small>Number Street City Province / State Postal code</small></p>	Individual Reference No. _____
<p>Family name at birth : _____ First name : _____</p> <p>Family name after marriage (if applicable) : _____</p> <p>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) _____</p> <p>Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small></p> <p>Relationship with the principal sponsored person : _____</p> <p>Mailing address (if different) : _____ <small>Number Street City Province / State Postal code</small></p>	Individual Reference No. _____

For official use only	
Partner No. :	_____
File No. :	_____

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.)

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 : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small> Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <small>Number Street City Province / State Postal code</small>	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 : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small> Relationship with the principal sponsored person : _____ Mailing address (if different) : _____ <small>Number Street City Province / State Postal code</small>	Individual Reference No. _____
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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 : _____ 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 Province / State Postal code</small>	Individual Reference No. _____
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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 : _____

For official use only

Partner No. :

File No. :

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, the Regulation respecting immigration consultants 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. If the latter cannot provide the information requested, contact the person within the Ministry responsible for the protection of personal information at Secrétariat général du Ministère de l'Immigration et des Communautés culturelles, located at: Édifice Gérald-Godin, 360, rue McGill, 4^e étage, Montréal (Québec), H2Y 2E9.

SECTION 5 PAID INDIVIDUAL WHO ADVISES YOU, ASSISTS YOU OR REPRESENTS YOU IN THE FRAMEWORK OF YOUR APPLICATION

You must answer the following questions.

Yes No

Have you, in the framework of this application, retained a paid individual to advise, assist or represent you?

If Yes, is the person:

Yes No

a lawyer who is a member of the Barreau du Québec?

Yes No

a notary who is a member of the Chambre des notaires du Québec?

Yes No

a person holding a special authorization issued by the Barreau du Québec or the Chambre des notaires du Québec?

Yes No

an immigration consultant?

Yes No

another paid individual?

If the person is an immigration consultant or another paid individual, give:

Family name

First name

Registration number as it appears in the Registre québécois des consultants en immigration www.micc.gouv.qc.ca/consultant

For official use only

Partner No. :	<input type="text"/>
File No. :	<input type="text"/>

SECTION 6 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 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 7 DECLARATION

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | The legal person is engaged in activities in Québec. |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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. |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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). |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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). |
| <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 previously contracted an undertaking |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If "yes", the legal person has complied with the financial obligations related to that undertaking. |

For official use only

Partner No. :

File No. :

SECTION 8 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 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 9 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

Québec



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 : _____ Date of birth : _____ (if applicable) Year / Month / Day	
Address : _____ Number Street City Province / State Postal code	
Telephone No. at home : _____ Telephone No. at work : _____	
Official spokesperson of the group : <input type="checkbox"/> Yes <input type="checkbox"/> 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 : <input type="checkbox"/> Yes <input type="checkbox"/> 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 : _____ Country of birth : _____ Telephone No. : _____ Year / Month / Day	
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

Partner No. : _____
 File No. : _____

B. Members of the principal sponsored person's family who are accompanying that person to Québec
 (Attach an extra page if necessary.)

<p>Family name at birth : _____ First name : _____</p> <p>Family name after marriage (if applicable) : _____</p> <p>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) _____</p> <p>Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small></p> <p>Residential address : _____ <small>Number Street City Country Postal code</small></p> <p>Mailing address (if different) : _____ <small>Number Street City Country Postal code</small></p>	<p>Individual Reference No.</p> <p>_____</p>
<p>Family name at birth : _____ First name : _____</p> <p>Family name after marriage (if applicable) : _____</p> <p>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) _____</p> <p>Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small></p> <p>Residential address : _____ <small>Number Street City Country Postal code</small></p> <p>Mailing address (if different) : _____ <small>Number Street City Country Postal code</small></p>	<p>Individual Reference No.</p> <p>_____</p>
<p>Family name at birth : _____ First name : _____</p> <p>Family name after marriage (if applicable) : _____</p> <p>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) _____</p> <p>Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small></p> <p>Residential address : _____ <small>Number Street City Country Postal code</small></p> <p>Mailing address (if different) : _____ <small>Number Street City Country Postal code</small></p>	<p>Individual Reference No.</p> <p>_____</p>
<p>Family name at birth : _____ First name : _____</p> <p>Family name after marriage (if applicable) : _____</p> <p>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) _____</p> <p>Date of birth : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small></p> <p>Residential address : _____ <small>Number Street City Country Postal code</small></p> <p>Mailing address (if different) : _____ <small>Number Street City Country Postal code</small></p>	<p>Individual Reference No.</p> <p>_____</p>

For official use only	
Partner No. :	_____
File No. :	_____

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.)

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 : _____ 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>	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 : _____ 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>	Individual Reference No. _____
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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 : _____ 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>	Individual Reference No. _____
--	---------------------------------------

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 : _____

For official use only

Partner No. :

File No. :

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, the Regulation respecting immigration consultants 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. If the latter cannot provide the information requested, contact the person within the Ministry responsible for the protection of personal information at Secrétariat général du Ministère de l'Immigration et des Communautés culturelles, located at: Édifice Gérald-Godin, 360, rue McGill, 4^e étage, Montréal (Québec), H2Y 2E9.

SECTION 5 PAID INDIVIDUAL WHO ADVISES YOU, ASSISTS YOU OR REPRESENTS YOU IN THE FRAMEWORK OF YOUR APPLICATION**You must answer the following questions.**
 Yes No

Have you, in the framework of this application, retained a paid individual to advise, assist or represent you?

If Yes, is the person:

 Yes No

a lawyer who is a member of the Barreau du Québec?

 Yes No

a notary who is a member of the Chambre des notaires du Québec?

 Yes No

a person holding a special authorization issued by the Barreau du Québec or the Chambre des notaires du Québec?

 Yes No

an immigration consultant?

 Yes No

another paid individual?

If the person is an immigration consultant or another paid individual, give:

Family name

First name

Registration number as it appears in the Registre québécois des consultants en immigration www.micc.gouv.qc.ca/consultant

For official use only

Partner No. :

File No. :

SECTION 6 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.

SECTION 7 DECLARATION

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.

For official use only	
Partner No. :	_____
File No. :	_____

SECTION 8 UNDERTAKING

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 _____

 Signature Year / Month / Day
 City

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 _____ et ci-annexée a signé à _____

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

SECTION 9 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

Québec



UNDERTAKING

Family Class

For official use only

File No. :

Please note that this application form must be filled out in French. This English translation is included only to help you do so accurately. Please refer to the Sponsor's Guide to fill out the form.

SECTION 1 IDENTIFICATION OF SPONSORS

All persons who are identified in sections 1 and 2 must be included in the sponsorship application that has been deemed admissible by Citizenship and Immigration Canada (CIC). You may not change the sponsor or principal sponsored person, before obtaining permission to do so from CIC.

A. Identification of sponsor

Family name at birth: _____ Family name after marriage: _____
(if applicable)

First name: _____ Date of birth: _____
Year / Month / Day

Sex: F M Civil status: _____ Status: Permanent resident Canadian citizen

Social Insurance Number: [][][][][][][][][][][][][] Telephone No. at home: _____

Residential address: _____ Telephone No. at work: _____

I have been married previously Yes No

Mailing address (if different): _____ I am the father or mother of children born from a
previous union Yes No

B. Identification of cosignatory spouse (if applicable)

After having referred to the *Sponsor's Guide*, the sponsor's spouse or de facto spouse may decide to participate in the undertaking. In that case, this person must fill out the "Declaration" in Section 5 of this form, and sign the undertaking. For further information, call our general information service at the number indicated in the *Sponsor's Guide*.

Family name at birth: _____ Family name after marriage: _____
(if applicable)

First name: _____ Date of birth: _____
Year / Month / Day

Sex: F M Status: Permanent resident Canadian citizen

Relationship with sponsor: Spouse De facto spouse I have been married previously Yes No

Social Insurance Number: [][][][][][][][][][][][][] I am the father or mother of children from a
previous union Yes No

Telephone no. at work: _____

SECTION 2 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON

FAMILY NAME (at birth) AND FIRST NAME	RELATIONSHIP with sponsor	SEX	DATE OF BIRTH Year / Month / Day	HOME ADDRESS	TERM OF THE UNDERTAKING*

FAMILY NAME (after marriage, if applicable): _____

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File No. :

SECTION 3 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON'S FAMILY MEMBERS

All persons who are identified in this section must be included in the sponsorship application that has been deemed admissible by Citizenship and Immigration Canada (CIC). You may not add other family members or change the status of no-accompanying family member to accompanying family member before obtaining permission to do so from CIC.

A Members of the principal sponsored person's family who are accompanying that person to Québec

	FAMILY NAME (at birth) AND FIRST NAME	RELATIONSHIP with sponsored person	SEX	DATE OF BIRTH Year / Month / Day	HOME ADDRESS	TERM OF THE UNDERTAKING*
1						
	FAMILY NAME (after marriage, if applicable):					
2						
3						
4						
5						
6						

B Members of the principal sponsored person's family who are not accompanying that person to Québec and who are not covered by the undertaking

1						
2						
3						
4						

* This undertaking is valid for three years for the spouse, de facto spouse, and conjugal partner. In the case of a child under the age of 16, the undertaking is valid for ten years or until the age of majority (18 years), whichever is longer. In the case of a child aged 16 or over, the undertaking is valid for three years or until age 25, whichever is longer. For other sponsored persons, the undertaking is valid for ten years. The obligations set forth herein come into force from the moment the sponsored person is admitted as a permanent resident or under a temporary resident permit. The age of a child is determined on this same date.

SECTION 4 SPECIFIC DETAILS REGARDING CHILDREN WHO HAVE BEEN OR ARE IN THE PROCESS OF BEING ADOPTED

Check the box that corresponds to your situation	
<input type="checkbox"/>	The child I wish to sponsor will be adopted abroad according to a procedure authorized by the Secrétariat à l'adoption internationale (licensed agency or minister's order).
<input type="checkbox"/>	The child I wish to sponsor has already been the subject of a judgment (or decision) regarding his or her placement or adoption. If the child has already been adopted, please answer the following questions and attach all the documents to your application. The judgment or decision was rendered in _____ on _____ City/Country Year / Month / Day Age of the child at the time of the judgment or decision _____ Check only one of the following boxes. <input type="checkbox"/> I obtained the adoption judgment (or decision) before immigrating to Québec. <input type="checkbox"/> I was temporarily abroad when I obtained the adoption judgment or decision (<i>specify the circumstances</i>): _____ _____
<input type="checkbox"/>	I was domiciled in Québec at the time of the adoption.

For official use only

File No. :

SECTION 5 DECLARATION		
SPONSOR	CO-SIGNER SPOUSE	You must indicate by "yes" or "no" if the following statements apply to you. The spouse should fill out this section only if co-signer to the undertaking.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am domiciled in Québec.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a recipient of last resort assistance benefits.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am subject to a removal order from Canada (deportation order).
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am detained in a jail or penitentiary.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have been subject to a recourse for non-payment of support payments in the 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.
SECTION 6 DECLARATION OF THE PERSON SPONSORING A SPOUSE		
		You must answer the following two questions.
<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 7 DECLARATION OF THE PERSON SPONSORING A DE FACTO SPOUSE		
		Answer only one of the following two questions.
<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 8 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 _____ and this person lives outside Canada. Year / Month / Day

For official use only

File No. :

SECTION 9 PAID INDIVIDUAL WHO ADVISES, ASSISTS OR REPRESENTS FRAMEWORK YOU IN THE OF YOUR APPLICATION Yes No**You must answer the following questions.**

Have you, in the framework of this application, retained a paid individual to advise, assist or represent you?

 Yes No**If Yes, is the person:**

a lawyer who is a member of the Barreau du Québec?

 Yes No

a notary who is a member of the Chambre des notaires du Québec?

 Yes No

a person holding a special authorization issued by the Barreau du Québec or the Chambre des notaires du Québec?

 Yes No

an immigration consultant?

 Yes No

another paid individual?

If the person is an immigration consultant or another paid individual, give :

Family name

First name

Registration number as it appears in the Registre québécois des consultants en immigration www.micc.gouv.qc.ca/consultant**SECTION 10 IMPORTANT INFORMATIONS**

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 11 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, the Regulation respecting immigration consultants 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. If the latter cannot provide the information requested, contact the person within the Ministry responsible for the protection of personal information at Secrétariat général du Ministère de l'Immigration et des Communautés culturelles, located at: Édifice Gérald-Godin, 360, rue McGill, 4^e étage, Montréal (Québec), H2Y 2E9.

For official use only

File No. :

SECTION 12 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 11 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;
- the undertaking is effective, and cannot be cancelled, once the sponsored person has obtained permanent residence or is admitted under a temporary resident permit;
- the Minister may reject an application that contains false or misleading information or documents;
- the Minister may refuse to consider an undertaking application from someone who has provided false or misleading information or documents within the past two years;
- legal proceedings may be taken against the sponsor 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 Individual and Family assistance Act (R.S.Q., c.A-13.1.1);
3. I undertake to reimburse the Government of any province of Canada the amount paid as special benefits, last resort assistance benefits or other similar benefits it may grant to the sponsored person(s).

In witness whereof, I have signed in: _____

City

Sponsor's signature

Year / Month / Day

Co-signer spouse's signature (if applicable)

SECTION 13 DECISION (for official use only)
 Undertaking accepted

 Undertaking denied

 Undertaking rejected

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.

SECTION 1 IDENTIFICATION OF LEGAL PERSON	
Name : _____	
Address : _____ <small>Number Street City Province / State Postal code</small>	
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. : _____	
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 : _____ 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. 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 : _____ Country of birth : _____ Telephone No. : _____ <small>Year / Month / Day</small>	
Mailing address (if different) : _____ <small>Number Street City Country Postal code</small>	

For official use only	
Partner No. :	_____
File 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 : _____ 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 (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> 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 (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> 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 (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> 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 (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> 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 (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> Mailing address (if different) : _____ <small>Number Street City Country Postal code</small>	Individual Reference No. : _____

For official use only	
Partner No. :	_____
File No. :	_____

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.)	
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>	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 : _____ <small>Year / Month / Day</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 : _____ <small>Year / Month / Day</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 : _____ <small>Year / Month / Day</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 : _____ <small>Year / Month / Day</small>	Individual Reference No. : _____
D. Expected locality of settlement of the sponsored person and family members : _____	

For official use only

Partner No. :

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File No. :

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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, the Regulation respecting immigration consultants 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. If the latter cannot provide the information requested, contact the person within the Ministry responsible for the protection of personal information at Secrétariat général du Ministère de l'Immigration et des Communautés culturelles, located at: Édifice Gérald-Godin, 360, rue McGill, 4^e étage, Montréal (Québec), H2Y 2E9.

SECTION 4 PAID INDIVIDUAL WHO ADVISES YOU, ASSISTS YOU OR REPRESENTS YOU IN THE FRAMEWORK OF YOUR APPLICATION**You must answer the following questions.**
 Yes No

Have you, in the framework of this application, retained a paid individual to advise, assist or represent you?

If **Yes**, is the person:

 Yes No

a lawyer who is a member of the Barreau du Québec?

 Yes No

a notary who is a member of the Chambre des notaires du Québec?

 Yes No

a person holding a special authorization issued by the Barreau du Québec or the Chambre des notaires du Québec?

 Yes No

an immigration consultant?

 Yes No

another paid individual?

If the person is an immigration consultant or another paid individual, give:

Family name

First name

Registration number as it appears in the Registre québécois des consultants en immigration www.micc.gouv.qc.ca/consultant

For official use only

Partner No. :

File No. :

SECTION 5 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 6 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.

For official use only

Partner No. :

File No. :

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.**

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

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 Year / Month / Day

Name of the legal person's representative

Signature

SECTION 8 DECISION (For official use only) **Undertaking accepted** **Undertaking denied**

Name of authorized officer

Signature

Year / Month / Day

Immigration
et Communautés
culturelles

Québec



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

For official use only

File No. :

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

SECTION 1 IDENTIFICATION OF SPONSORS			
A. Identification of sponsor			
Individual Reference No. :			
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 : _____		Status : <input type="checkbox"/> Permanent resident <input type="checkbox"/> Canadian citizen	
Social Insurance Number : [][][][][][][][][]		Telephone No. at home : _____	
Residential address : _____		Telephone No. at work : _____	
_____		Mailing address (if different) : _____	
_____		_____	
B. Identification of co-signer spouse (if applicable)			
After having referred to the instructions, the spouse or de facto spouse of a sponsor who signs an undertaking that is valid for a period of five years may decide to participate in the undertaking. In that case, this person must fill out the "Declaration" in Section 7 of this form, and sign the undertaking.			
Individual Reference No. :			
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		Relationship to sponsor : <input type="checkbox"/> Spouse <input type="checkbox"/> De facto spouse	
Social Insurance Number : [][][][][][][][][]		Status : <input type="checkbox"/> Permanent resident <input type="checkbox"/> Canadian citizen	
SECTION 2 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON			
FAMILY NAME (at birth) and FIRST NAME	SEX	DATE OF BIRTH Year / Month / Day	RESIDENTIAL ADDRESS
FAMILY NAME (after marriage, if applicable)			

For official use only

File No. :

SECTION 3 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON'S FAMILY MEMBERS					
A 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) and FIRST NAME	RELATIONSHIP with principal sponsored person	SEX	DATE OF BIRTH Year / Month / Day	HOME ADDRESS
1					
	FAMILY NAME (after marriage, if applicable)				
2					
3					
4					
B Members of the principal sponsored person's family who are not accompanying that person to Québec and who are not covered by the undertaking (Attach an extra page if necessary.)					
1					
2					
3					
4					
SECTION 4 PAID INDIVIDUAL WHO ADVISES YOU, ASSISTS YOU OR REPRESENTS YOU IN THE FRAMEWORK OF YOUR APPLICATION					
<p><input type="checkbox"/> Yes <input type="checkbox"/> No You must answer the following questions.</p> <p>Have you, in the framework of this application, retained a paid individual to advise, assist or represent you?</p> <p>If Yes, is the person:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No a lawyer who is a member of the Barreau du Québec?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No a notary who is a member of the Chambre des notaires du Québec?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No a person holding a special authorization issued by the Barreau du Québec or the Chambre des notaires du Québec?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No an immigration consultant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No another paid individual?</p> <p>If the person is an immigration consultant or another paid individual, give:</p> <p>Family name _____ First name _____</p> <p>Registration number as it appears in the Registre québécois des consultants en immigration www.micc.gouv.qc.ca/consultant</p>					

For official use only

File No. :

SECTION 5 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 6 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, the Regulation respecting immigration consultants and the incumbent administrative rules.

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

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

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

Access to this information within the Ministry is restricted to the persons authorized to receive it in order to carry out their duties.

Any omission or refusal to answer, with the exception of the optional sections, may result in the rejection of your application or cause delays in the processing of your file.

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

For official use only

File No. :

SECTION 7 DECLARATION

If you are an on-site applicant and are sponsoring a member of your family who is living abroad, you are not required to fill out this section. Proceed directly to Section 8.

A. If you are a resident of Québec and you are sponsoring a foreign national for a period of five years, you must fill out this section.

SPONSOR	CO-SIGNER SPOUSE	You must indicate by "yes" or "no" if the following statements apply to you. The spouse should fill out this section only if co-signer to the undertaking.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am domiciled in Québec.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am subject to a removal order from Canada (deportation order).
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am detained in a jail or penitentiary.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have been subject to a recourse for non-payment of support payments in the last five years. 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 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	<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 instruction sheet).
<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 (please refer to the instruction sheet).
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am the sponsor's de facto spouse.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am the sponsor's spouse.

B. If you are a Québec resident and you are sponsoring a spouse, de facto spouse or dependent child, and this person is an on-site applicant, you must fill out this section.

SPONSOR	You must indicate by "yes" or "no" if the following statements apply to you.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am domiciled in Québec
<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 jail or penitentiary
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have been subject to a recourse for non-payment of support payments in the last five years. 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 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	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.
	Fill out this section only if you are sponsoring your spouse.
	At the time of my marriage, I was someone else's spouse.
	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.
	Fill out this section only if you are sponsoring your de facto spouse.
	I reside with, and have been in a conjugal relationship with _____ Name of de facto spouse
	since _____ . Year / Month / Day

For official use only

File No. :

SECTION 8 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 6 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 9 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