



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

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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. :  <input type="text"/>
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. :  <input type="text"/>
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. :  <input type="text"/>
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. :  <input type="text"/>
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. :  <input type="text"/>
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. :  <input type="text"/>

**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. : _____
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 : \_\_\_\_\_**





