

## 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:  F  M Civil status: \_\_\_\_\_ Status:  Permanent resident  Canadian citizen

Social Insurance Number: [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] Telephone No. at home: \_\_\_\_\_

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

Residential address: \_\_\_\_\_ 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:  F  M

Relationship to sponsor:  Spouse  De facto spouse Status:  Permanent resident  Canadian citizen

Social Insurance Number: [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]

### 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)			

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

<b>A</b>	Members of the principal sponsored person's family <b>who are accompanying that person to Québec</b> (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>B</b>	Members of the principal sponsored person's family <b>who are not accompanying that person to Québec</b> 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><b>You must answer the following questions.</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you, in the framework of this application, retained a paid individual to advise, assist or represent you?</p> <p><b>If Yes, is the person:</b></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><b>If the person is an immigration consultant or another paid individual, give:</b></p> <p>_____</p> <p>Family name <span style="float: right;">First name</span></p> <p>_____</p> <p>Registration number as it appears in the Registre québécois des consultants en immigration <a href="http://www.midi.gouv.qc.ca/consultant">www.midi.gouv.qc.ca/consultant</a></p>	
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## 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 13 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 13 or over on the date when the obligations set forth herein take effect, the undertaking is valid for three years or until age 22, 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, de la Diversité et de l'Inclusion, located at: Édifice Gérald-Godin, 360, rue McGill, 4<sup>e</sup> étage, Montréal (Québec), H2Y 2E9.

**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	<b>You must indicate by “yes” or “no” if the following statements apply to you.</b> The spouse should fill out this section only if co-signer to the undertaking.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am domiciled in Québec.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am 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. 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	<b>You must indicate by “yes” or “no” if the following statements apply to you.</b>
<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. 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. 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	<b>Fill out this section only if you are sponsoring your spouse.</b> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fill out this section only if you are sponsoring your de facto spouse.</b> I reside with, and have been in a conjugal relationship with _____ Name of de facto spouse since _____ . Year / Month / Day

**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 13 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 13 or over on the date when the obligations set forth herein take effect, the undertaking is valid for three years or until age 22, whichever is longer.

For other sponsored persons, the undertaking is valid for five years.

**Undertaking denied**

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

\_\_\_\_\_  
Signature

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