

## UNDERTAKING

### Humanitarian sponsorship - Earthquake victims in Haïti

For official use only

File No. :

You must fill out this form if you are a Québec resident sponsoring a brother, sister, half-brother, half-sister, an adult child ineligible for sponsorship under Family class regulations, seriously and personally affected by the earthquake in Haïti. The Québec resident participating in the undertaking as co-sponsor, if applicable, must also fill and sign this form. Please note that this application form must be filled out in French. This English translation is included only to help you do so accurately.

#### SECTION 1 IDENTIFICATION OF SPONSOR

##### A. Identification of principal sponsor

Family name at birth: \_\_\_\_\_ Family name after marriage: \_\_\_\_\_  
(if applicable)

First name: \_\_\_\_\_ Status:  Permanent resident  Canadian citizen

Sex:  F  M Civil status: \_\_\_\_\_ 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 sponsor's spouse or de facto spouse may decide to participate in the undertaking. In that case, this person must fill out the **Sponsor's individual record form**, and sign the undertaking.

Family name at birth: \_\_\_\_\_ Family name after marriage: \_\_\_\_\_  
(if applicable)

First name: \_\_\_\_\_ Status:  Permanent resident  Canadian citizen

Sex:  F  M Relationship to sponsor:  Spouse  De facto spouse

#### SECTION 2 IDENTIFICATION OF CO-SPONSOR

##### A. Identification of co-sponsor

Family name at birth: \_\_\_\_\_ Family name after marriage: \_\_\_\_\_  
(if applicable)

First name: \_\_\_\_\_ Status:  Permanent resident  Canadian citizen

Sex:  F  M État matrimonial: \_\_\_\_\_ 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 co-sponsor's spouse or de facto spouse may decide to participate in the undertaking. In that case, this person must fill out the **Sponsor's individual record form**, and sign the undertaking.

Family name at birth : \_\_\_\_\_ Family name after marriage : \_\_\_\_\_  
(if applicable)  
 First name : \_\_\_\_\_ Status :  Permanent resident  Canadian citizen  
 Sex :  F  M Relationship to co-sponsor :  Spouse  De facto spouse

**SECTION 3 IDENTIFICATION OF THE PRINCIPAL SPONSORED PERSON**

FAMILY NAME (at birth) and FIRST NAME	RELATIONSHIP with principal sponsor	SEX	DATE OF BIRTH Year / Month / Day	RESIDENTIAL ADDRESS

FAMILY NAME (after marriage, if applicable)

**SECTION 4 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	RESIDENTIAL 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					



## SECTION 7 PROTECTION OF PERSONAL INFORMATION

The personal information collected in this document is necessary in order to process your undertaking application, and is required under the terms of the Act respecting immigration to Quebec, the Regulation respecting the selection of foreign nationals, and the incumbent administrative rules.

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

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

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

Access to this information within the Ministry is restricted to the persons authorized to receive it in order to carry out their duties. Any omission or refusal to answer, with the exception of the optional sections, may result in the rejection of your application or cause delays in the processing of your file.

You can obtain information pertaining to your file held by the Ministry, and if necessary, corrections may be requested in writing. For additional information, please contact the office processing your application. 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<sup>e</sup> étage, Montréal (Québec), H2Y 2E9.

**SECTION 8 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 7 of this form.

**I acknowledge** being cognizant of the fact that the acceptance of my undertaking does not guarantee that the sponsored persons will thereupon obtain a Québec selection certificate.

**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 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(s) and the co-signer(s) 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 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)
Year / Month / Day	Co-sponsor's signature
	Co-signer spouse's signature (if applicable)

**SECTION 9 DECISION (for official use only)**

Undertaking accepted                       Undertaking denied                       Undertaking rejected

Name of authorized officer	Signature	Year / Month / Day
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