

SPONSOR'S INDIVIDUAL RECORD
Family Class – Earthquake victims in Haïti

For official use only

Individual Reference No. : _____

File No. : _____

You must fill out this form if you are a Québec resident sponsoring a relative seriously and personally affected by the earthquake in Haïti. The Québec resident participating in the undertaking as co-sponsor 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 OR CO-SPONSOR		
Sponsor or co-sponsor		Co-signer spouse (if applicable)
Family name at birth : _____		Family name at birth : _____
Family name after marriage : _____ (if applicable)		Family name after marriage : _____ (if applicable)
First name: _____		First name: _____
Date of birth : _____ Year / Month / Day		Date of birth : _____ Year / Month / Day
Social Insurance Number : _____		Social Insurance Number : _____
I have been married previously <input type="checkbox"/> Yes <input type="checkbox"/> No		I have been married previously <input type="checkbox"/> Yes <input type="checkbox"/> No
I am the father or mother of children from a previous union <input type="checkbox"/> Yes <input type="checkbox"/> No		I am the father or mother of children from a previous union <input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2 DECLARATION		
SPONSOR OR CO-SPONSOR	CO-SIGNER SPOUSE	You must indicate "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 last 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 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 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^e étage, Montréal (Québec), H2Y 2E9.

SECTION 4 SIGNATURE

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 3 of this form.

I further acknowledge being informed that :

- 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, the co-sponsor and the co-signer spouse if they fail to comply with the undertaking or if they provide false or misleading information.

In witness whereof, I have signed in _____
City Year / Month / Day

Name Sponsor or co-sponsor's signature

Name Co-signer spouse's signature (if applicable)