



UNDERTAKING / APPLICATION TO SPONSOR UNDERTAKING TO SPONSOR CONVENTION REFUGEES ABROAD AND HUMANITARIAN-PROTECTED PERSONS ABROAD

FOR CIC USE ONLY	
CIC file identification no.	
Principal applicant ID no.	
Name of principal refugee applicant	

Check the appropriate box below. I am / We are a:

- SAH or Constituent Group (CG) Group of Five (G5) Community Sponsor (CS)

If you require more space to provide all the necessary information, attach a separate sheet with further details. Print the sponsor's name at the top of each additional sheet and indicate the form's title and the number of the question you are answering.

If you wish to provide a "Sponsorship Rationale", please attach a separate sheet to this application with the information.

A - SPONSORSHIP AGREEMENT HOLDERS - THIS SECTION MUST BE COMPLETED BY SPONSORSHIP AGREEMENT HOLDERS WHETHER PARTNERING WITH A CG OR NOT

FOR CIC USE ONLY
Group identification no.

Name of Sponsorship Agreement Holder				
Name of representative - Surname (Family name)		Given name(s)		Date of birth (YYYY-MM-DD)
Other names used (include birth name, maiden, previous married name(s), aliases and nicknames)				
Address (no. and street)		Apt. - Unit	City	Province
Home telephone no.	Business or cell telephone no.	E-mail address (specify, if available)		

B - SPONSORSHIP GROUP - THIS SECTION MUST BE COMPLETED BY CONSTITUENT GROUPS, GROUPS OF FIVE AND COMMUNITY SPONSORS

FOR CIC USE ONLY
Group identification no.

Name of Sponsorship Group (CG/G5/CS)				
Name of representative - Surname (Family name)		Given name(s)		Date of birth (YYYY-MM-DD)
Other names used (include birth name, maiden, previous married name(s), aliases and nicknames)				
Address (no. and street)		Apt. - Unit	City	Province
Home telephone no.	Business or cell telephone no.	E-mail address (specify, if available)		

C - THIS SECTION MUST BE COMPLETED BY CO-SPONSORS (INDIVIDUAL OR GROUP) ONLY

FOR CIC USE ONLY
Group identification no.

Name of corporation (if applicable)		My group is a <input type="checkbox"/> SAH <input type="checkbox"/> CG		
Name of representative - Surname (Family name)		Given name(s)		Date of birth (YYYY-MM-DD)
Other names used (include birth name, maiden, previous married name(s), aliases and nicknames)			Relationship to principal refugee applicant (if applicable)	
Address (no. and street)		Apt. - Unit	City	Province
Home telephone no.	Business or cell telephone no.	E-mail address (specify, if available)		

Have you or your organization ever signed any other undertakings to sponsor refugees? No Yes ► If yes, provide details on a separate sheet.

D - THIS SECTION MUST BE COMPLETED BY GROUPS OF FIVE ONLY

					FOR CIC USE ONLY	
					Group identification no.	
					FOR CIC USE ONLY	
					Client identification no.	
Other names used (include birth name, maiden, previous married name(s), aliases and nicknames)						
Date of birth (YYYY-MM-DD)		Relationship to principal refugee applicant (if applicable)				
Address (no. and street)			Apt. - Unit	City	Province	Postal code
Home telephone no.	Business or cell telephone no.	E-mail address (specify, if available)				
Have you ever signed any other undertakings to sponsor a refugee? <input type="checkbox"/> No <input type="checkbox"/> Yes ► If yes, provide details on a separate sheet.						
					FOR CIC USE ONLY	
					Client identification no.	
Other names used (include birth name, maiden, previous married name(s), aliases and nicknames)						
Date of birth (YYYY-MM-DD)		Relationship to principal refugee applicant (if applicable)				
Address (no. and street)			Apt. - Unit	City	Province	Postal code
Home telephone no.	Business or cell telephone no.	E-mail address (specify, if available)				
Have you ever signed any other undertakings to sponsor a refugee? <input type="checkbox"/> No <input type="checkbox"/> Yes ► If yes, provide details on a separate sheet.						
					FOR CIC USE ONLY	
					Client identification no.	
Other names used (include birth name, maiden, previous married name(s), aliases and nicknames)						
Date of birth (YYYY-MM-DD)		Relationship to principal refugee applicant (if applicable)				
Address (no. and street)			Apt. - Unit	City	Province	Postal code
Home telephone no.	Business or cell telephone no.	E-mail address (specify, if available)				
Have you ever signed any other undertakings to sponsor a refugee? <input type="checkbox"/> No <input type="checkbox"/> Yes ► If yes, provide details on a separate sheet.						
					FOR CIC USE ONLY	
					Client identification no.	
Other names used (include birth name, maiden, previous married name(s), aliases and nicknames)						
Date of birth (YYYY-MM-DD)		Relationship to principal refugee applicant (if applicable)				
Address (no. and street)			Apt. - Unit	City	Province	Postal code
Home telephone no.	Business or cell telephone no.	E-mail address (specify, if available)				
Have you ever signed any other undertakings to sponsor a refugee? <input type="checkbox"/> No <input type="checkbox"/> Yes ► If yes, provide details on a separate sheet.						
					FOR CIC USE ONLY	
					Client identification no.	
Other names used (include birth name, maiden, previous married name(s), aliases and nicknames)						
Date of birth (YYYY-MM-DD)		Relationship to principal refugee applicant (if applicable)				
Address (no. and street)			Apt. - Unit	City	Province	Postal code
Home telephone no.	Business or cell telephone no.	E-mail address (specify, if available)				
Have you ever signed any other undertakings to sponsor a refugee? <input type="checkbox"/> No <input type="checkbox"/> Yes ► If yes, provide details on a separate sheet.						
					FOR CIC USE ONLY	
					Client identification no.	
Other names used (include birth name, maiden, previous married name(s), aliases and nicknames)						
Date of birth (YYYY-MM-DD)		Relationship to principal refugee applicant (if applicable)				
Address (no. and street)			Apt. - Unit	City	Province	Postal code
Home telephone no.	Business or cell telephone no.	E-mail address (specify, if available)				
Have you ever signed any other undertakings to sponsor a refugee? <input type="checkbox"/> No <input type="checkbox"/> Yes ► If yes, provide details on a separate sheet.						

5 Group member - Surname (Family name)		Given name(s)		FOR CIC USE ONLY	
				Client identification no.	
Other names used (include birth name, maiden, previous married name(s), aliases and nicknames)					
Date of birth (YYYY-MM-DD)		Relationship to principal refugee applicant (if applicable)			
Address (no. and street)		Apt. - Unit	City	Province	Postal code
Home telephone no.	Business or cell telephone no.	E-mail address (specify, if available)			
Have you ever signed any other undertakings to sponsor a refugee? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide details on a separate sheet.					

E - REFUGEE APPLICANTS - THIS SECTION MUST BE COMPLETED BY ALL SPONSORING GROUPS. Include both accompanying and non-accompanying family members and dependants.

For Visa office-referred sponsorship, check this box and attach the refugee profile

1 Principal Refugee Applicant - Surname (Family name)		Given name(s)		FOR CIC USE ONLY	
				Client identification no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (YYYY-MM-DD)	Place and country of birth		
Marital status		Country of citizenship			
2 Refugee Applicant - Surname (Family name)		Given name(s)		FOR CIC USE ONLY	
				Client identification no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (YYYY-MM-DD)	Place and country of birth		
Marital status	Country of citizenship	Relationship to principal applicant	<input type="checkbox"/> Accompanying <input type="checkbox"/> Non-accompanying		
3 Refugee Applicant - Surname (Family name)		Given name(s)		FOR CIC USE ONLY	
				Client identification no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (YYYY-MM-DD)	Place and country of birth		
Marital status	Country of citizenship	Relationship to principal applicant	<input type="checkbox"/> Accompanying <input type="checkbox"/> Non-accompanying		
4 Refugee Applicant - Surname (Family name)		Given name(s)		FOR CIC USE ONLY	
				Client identification no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (YYYY-MM-DD)	Place and country of birth		
Marital status	Country of citizenship	Relationship to principal applicant	<input type="checkbox"/> Accompanying <input type="checkbox"/> Non-accompanying		
5 Refugee Applicant - Surname (Family name)		Given name(s)		FOR CIC USE ONLY	
				Client identification no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (YYYY-MM-DD)	Place and country of birth		
Marital status	Country of citizenship	Relationship to principal applicant	<input type="checkbox"/> Accompanying <input type="checkbox"/> Non-accompanying		
6 Refugee Applicant - Surname (Family name)		Given name(s)		FOR CIC USE ONLY	
				Client identification no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (YYYY-MM-DD)	Place and country of birth		
Marital status	Country of citizenship	Relationship to principal applicant	<input type="checkbox"/> Accompanying <input type="checkbox"/> Non-accompanying		

7 Refugee Applicant - Surname (Family name)		Given name(s)	FOR CIC USE ONLY	
			Client identification no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (YYYY-MM-DD)	Place and country of birth	
Marital status	Country of citizenship	Relationship to principal applicant	<input type="checkbox"/> Accompanying <input type="checkbox"/> Non-accompanying	

F - COMPLETE MAILING ADDRESS OF PRINCIPAL REFUGEE APPLICANT OUTSIDE CANADA OR CONTACT PERSON/ORGANIZATION OUTSIDE CANADA
THIS SECTION MUST BE COMPLETED BY ALL SPONSORING GROUPS

Name of principal refugee applicant or contact person or organization outside Canada, street no., city, village, country, postal code	
Telephone no.	E-mail address (specify, if available)

G - MULTIPLE UNDERTAKINGS - THIS SECTION MUST BE COMPLETED BY ALL SPONSORING GROUPS, IF APPLICABLE

		FOR CIC USE ONLY
Names of other principal refugee applicants linked to this undertaking	Date of birth (YYYY-MM-DD)	Client identification no.

H - RELATIVES OF REFUGEE APPLICANTS LIVING IN CANADA - THIS SECTION MUST BE COMPLETED BY ALL SPONSORING GROUPS, IF APPLICABLE

Surname (Family name)	Given name(s)
Status in Canada	Relationship to refugee applicant(s)
Address (no. and street)	City
Province and postal code	Telephone no.

Surname (Family name)	Given name(s)
Status in Canada	Relationship to refugee applicant(s)
Address (no. and street)	City
Province and postal code	Telephone no.

I - OBLIGATIONS

<p>This undertaking specifies the obligations of the sponsoring group with respect to the principal refugee applicant and all accompanying or non-accompanying family members:</p> <ul style="list-style-type: none"> • Reception - Meet the refugee upon arrival in the community; • Lodging - Provide suitable accommodation, basic furniture and other household essentials; • Care - Food, clothing, local transportation and other basic necessities of life; • Settlement Assistance and Support - Help for the refugee(s) to learn an official language, seek employment, extend ongoing friendship, encourage and assist them to adjust to life in Canada, teach rights and responsibilities of permanent residents in Canada. <p>The sponsoring group's obligations commence upon arrival of the sponsored persons in Canada. The refugees are supported for 12 months or until they become self-sufficient.</p>

J - CONSENT/DISCLOSURE OF PERSONAL INFORMATION

Check this box, and read and sign below if you are submitting the application package directly to CIC.

DECLARATION ON SUBSEQUENT USE OF DISCLOSURE OF PERSONAL INFORMATION

I understand that I am prohibited from using or disclosing any personal information provided to me by the principal applicant I have agreed to sponsor for the purpose of submitting their application for permanent residence. I agree not to further disclose or use any personal information provided to me by the principal applicant I have agreed to sponsor for the purpose of submitting their application for permanent residence.

OR

Check this box, and read and sign below if the application package is being submitted by the principal applicant you have agreed to sponsor directly to CIC, or if you are submitting your sponsorship undertaking form to an organization under contract or that has signed a Memorandum of Understanding with CIC to provide processing or referral services.

CONSENT FOR INDIRECT COLLECTION OF PERSONAL INFORMATION

I authorize CIC to collect the personal information requested in my sponsorship undertaking from the principal applicant I have agreed to sponsor or from an organization under contract or that has signed a Memorandum of Understanding with CIC to provide processing or referral services. I understand this information is being collected indirectly for the purposes of processing the sponsorship undertaking and for assisting CIC in assessing and processing the application for permanent residence submitted by the applicant I have agreed to sponsor. I understand that I am not obliged to provide this authorization. However, failure to do so may mean that CIC will not be able to carry out the assessment of the sponsorship undertaking.

FOR SAH/CG:

SAH representative name (print name)	Signature	Date (YYYY-MM-DD)
CG representative name (print name)	Signature	Date (YYYY-MM-DD)

FOR GROUPS OF FIVE:

Member 1 name (print name)	Signature	Date (YYYY-MM-DD)
Member 2 name (print name)	Signature	Date (YYYY-MM-DD)
Member 3 name (print name)	Signature	Date (YYYY-MM-DD)
Member 4 name (print name)	Signature	Date (YYYY-MM-DD)
Member 5 name (print name)	Signature	Date (YYYY-MM-DD)

FOR COMMUNITY SPONSORS:

CS representative name (print name)	Signature	Date (YYYY-MM-DD)
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FOR CO-SPONSORS:

Co-sponsor name (print name)	Signature	Date (YYYY-MM-DD)
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K - DECLARATION/SIGNATURES - THIS SECTION MUST BE COMPLETED BY ALL SPONSORING GROUPS

We declare that the information provided is to the best of our knowledge true, complete and accurate.

We are not in default of any other sponsorship undertakings.

We are not in default of any immigration loans.

We have made or will make adequate arrangements in the expected community of settlement for the reception and settlement of the person(s) identified in this undertaking, as evidenced in the Settlement Plan.

We have sufficient financial resources and expertise to fulfill this undertaking.

To the best of our ability, we will not knowingly or deliberately allow any individual to participate in the group's settlement activities who may be considered a threat to the safety and security of the refugees.

We understand that any false statements or concealment of any material fact may result in, but is not limited to, the following consequences:

- Refusal to approve this or future undertakings;
- Refusal of the sponsored individual's application for permanent residence;
- Exclusion or removal from Canada of the sponsored individuals;
- Suspension or cancellation of the existing sponsorship agreement with CIC (if applicable);
- Prosecution or other enforcement action.

We understand that the sponsorship undertaking constitutes a financial obligation that could result in collection action, should there be a breach of that obligation.

FOR SAH/CG:

SAH representative name (print name)	Signature	Date (YYYY-MM-DD)
CG representative name (print name)	Signature	Date (YYYY-MM-DD)

FOR GROUPS OF FIVE:

Member 1 name (print name)	Signature	Date (YYYY-MM-DD)
Member 2 name (print name)	Signature	Date (YYYY-MM-DD)
Member 3 name (print name)	Signature	Date (YYYY-MM-DD)
Member 4 name (print name)	Signature	Date (YYYY-MM-DD)
Member 5 name (print name)	Signature	Date (YYYY-MM-DD)

FOR COMMUNITY SPONSORS:

CS representative name (print name)	Signature	Date (YYYY-MM-DD)
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FOR CO-SPONSORS:

Co-sponsor name (print name)	Signature	Date (YYYY-MM-DD)
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L - FOR CIC USE ONLY - CENTRALIZED PROCESSING OFFICE - WINNIPEG

Officer name	Signature
Telephone no.	Approval date (YYYY-MM-DD)
Visa office and no.	Remarks

The information you provided on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used to maintain a record of application and sponsorship undertakings by private sponsors in Canada according to the requirements of the Act. It will be retained in the Personal Information Bank CIC PPU 008 identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. **Infosource is also available at Public Libraries in Canada.**