

Canadä

## FINANCIAL PROFILE - GROUP OF FIVE

## A - GROUP NAME

| Name of Sponsoring Group   |   |                  |        |                            |
|--|---|------------------|--------|----------------------------|
| B - PERSONAL DETAILS   |   |                  |        |                            |
| Surname (Family name)  | Given names                                 |                  |        | Date of birth (YYYY-MM-DD) |
| For how many people in Canada, including yourself, are you currently the   | □<br>primary source of financial support? ► |                  |        |                            |
| C - EMPLOYMENT   |   |                  |        |                            |
| Are you employed? Yes (if yes, provide the following details) No Self-employed   |   |                  |        |                            |
| Name of employer   | Supervisor's name                           |                  |        | Telephone no.              |
| Supervisor's e-mail  |   |                  |        |                            |
| Address (no. and street)   |   |                  |        |                            |
| City   | Province                                    |                  |        | Postal code                |
| Your job title   |   | Employment start | date ► | YYYY-MM-DD                 |
| D - PREVIOUS EMPLOYER (if less than one year with current employer)  |   |                  |        |                            |
| Name of employer   | Supervisor's name                           |                  |        | Telephone no.              |
| Supervisor's e-mail  |   |                  |        |                            |
| Address (no. and street)   |   |                  |        |                            |
| City   | Province                                    |                  |        | Postal code                |
| E - SOURCES OF INCOME  | I   |                  |        |                            |
| List income earned or obtained over the last 12 months. You must attach supporting documents that attest the source and amount of this income.   |   |                  |        |                            |
| Employment income  |   |                  | Amount |                            |
| 1  |   |                  | \$     |                            |
| Other income source  |   |                  | Amount |                            |
| 1  |   |                  | \$     |                            |
| 2  |   |                  | \$     |                            |
|  | т   | OTAL INCOME      | \$     |                            |
| F - FUNDS COMMITTED TO SPONSORSHIP   |   |                  |        |                            |
| FINANCIAL COMMITMENT TO SPONSORSHIP \$ (to be used in section E of the Settlement Plan and Financial Assessment)   |   |                  |        |                            |
| G - DECLARATION  |   |                  |        |                            |
| I declare that the information given on this form and any attached docume  | nts are true, complete and accurate.        |                  |        |                            |
| Signature Date (YYYY-MM-DD   |   |                  | _      |                            |
| The information you provided on this form is collected under the authority of the <i>Immigration and Refugee Protection Act</i> and will be used to maintain a record of application and sponsorship undertakings by local Groups of Five or more individuals according to the requirements of the Act. It will be retained in the Personal Information Bank CIC PPU 008 identified in <b>Infosource</b> . It may be shared with other organizations in accordance with the consistent use of information under the <i>Privacy Act</i> . Under the <i>Privacy Act</i> and the <i>Access to Information</i> . Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. <b>Infosource is also available at Public Libraries in Canada</b> . |   |                  |        |                            |