



## UNDERTAKING/APPLICATION TO SPONSOR UNDERTAKING TO SPONSOR UNDER A PUBLIC POLICY

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

- Settlement Organization (SO)     Group of Five (G5)

FOR CIC USE ONLY
CIC File Identification No.
Principal Applicant ID No.
Name of Principal Applicant

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.

### A - SPONSORSHIP GROUP - THIS SECTION MUST BE COMPLETED BY ALL SPONSORING GROUPS

FOR CIC USE ONLY
Group ID no.

Name of Sponsorship Group (SO/G5)				
Name of representative - Surname		Given name(s)		Date of birth
				Year    Month    Day
Other names used (include birth name, maiden, previous married name, aliases and nicknames)				
Address		Apt./Unit	City	Province    Postal code
Home telephone no. Area code    No.	Work or cell telephone no. Area code    No.	Ext.	E-mail address	

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

FOR CIC USE ONLY
Group ID no.

Name of corporation (if applicable)				
Name of representative - Surname		Given name(s)		Date of birth
				Year    Month    Day
Other names used (include birth name, maiden, previous married name, aliases and nicknames)			Relationship to principal applicant (if applicable)	
Address		Apt./Unit	City	Province    Postal code
Home telephone no. Area code    No.	Work or cell telephone no. Area code    No.	Ext.	E-mail address	

**C - THIS SECTION MUST BE COMPLETED BY GROUPS OF FIVE ONLY**

					<b>FOR CIC USE ONLY</b>												
					Group ID no.												
<b>1</b> Group member - Surname					Given name(s)					<b>FOR CIC USE ONLY</b>							
					Client ID no.												
Other names used (include birth name, maiden, previous married name, aliases and nicknames)										Date of birth		Year		Month		Day	
Address					Apt./Unit		City			Province			Postal code				
Home telephone no. Area code No.			Work or cell telephone no. Area code No.			Ext.		E-mail address									
<b>2</b> Group member - Surname					Given name(s)					<b>FOR CIC USE ONLY</b>							
					Client ID no.												
Other names used (include birth name, maiden, previous married name, aliases and nicknames)										Date of birth		Year		Month		Day	
Address					Apt./Unit		City			Province			Postal code				
Home telephone no. Area code No.			Work or cell telephone no. Area code No.			Ext.		E-mail address									
<b>3</b> Group member - Surname					Given name(s)					<b>FOR CIC USE ONLY</b>							
					Client ID no.												
Other names used (include birth name, maiden, previous married name, aliases and nicknames)										Date of birth		Year		Month		Day	
Address					Apt./Unit		City			Province			Postal code				
Home telephone no. Area code No.			Work or cell telephone no. Area code No.			Ext.		E-mail address									
<b>4</b> Group member - Surname					Given name(s)					<b>FOR CIC USE ONLY</b>							
					Client ID no.												
Other names used (include birth name, maiden, previous married name, aliases and nicknames)										Date of birth		Year		Month		Day	
Address					Apt./Unit		City			Province			Postal code				
Home telephone no. Area code No.			Work or cell telephone no. Area code No.			Ext.		E-mail address									
<b>5</b> Group member - Surname					Given name(s)					<b>FOR CIC USE ONLY</b>							
					Client ID no.												
Other names used (include birth name, maiden, previous married name, aliases and nicknames)										Date of birth		Year		Month		Day	
Address					Apt./Unit		City			Province			Postal code				
Home telephone no. Area code No.			Work or cell telephone no. Area code No.			Ext.		E-mail address									

**D - APPLICANTS OUTSIDE CANADA** - Include both accompanying and non-accompanying family members and dependants. THIS SECTION MUST BE COMPLETED BY ALL SPONSORING GROUPS.

<b>1</b> Principal Applicant - Surname		Given name(s)			<b>FOR CIC USE ONLY</b>	
					Client ID no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth	Year	Month	Day	Place and country of birth
Marital status		Country of citizenship				
<b>2</b> Family member - Surname		Given name(s)			<b>FOR CIC USE ONLY</b>	
					Client ID no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth	Year	Month	Day	Place and country of birth
Marital status	Country of citizenship		Relationship to principal applicant		<input type="checkbox"/> Accompanying <input type="checkbox"/> Non-accompanying	
<b>3</b> Family member - Surname		Given name(s)			<b>FOR CIC USE ONLY</b>	
					Client ID no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth	Year	Month	Day	Place and country of birth
Marital status	Country of citizenship		Relationship to principal applicant		<input type="checkbox"/> Accompanying <input type="checkbox"/> Non-accompanying	
<b>4</b> Family member - Surname		Given name(s)			<b>FOR CIC USE ONLY</b>	
					Client ID no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth	Year	Month	Day	Place and country of birth
Marital status	Country of citizenship		Relationship to principal applicant		<input type="checkbox"/> Accompanying <input type="checkbox"/> Non-accompanying	
<b>5</b> Family member - Surname		Given name(s)			<b>FOR CIC USE ONLY</b>	
					Client ID no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth	Year	Month	Day	Place and country of birth
Marital status	Country of citizenship		Relationship to principal applicant		<input type="checkbox"/> Accompanying <input type="checkbox"/> Non-accompanying	
<b>6</b> Family member - Surname		Given name(s)			<b>FOR CIC USE ONLY</b>	
					Client ID no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth	Year	Month	Day	Place and country of birth
Marital status	Country of citizenship		Relationship to principal applicant		<input type="checkbox"/> Accompanying <input type="checkbox"/> Non-accompanying	
<b>7</b> Family member - Surname		Given name(s)			<b>FOR CIC USE ONLY</b>	
					Client ID no.	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth	Year	Month	Day	Place and country of birth
Marital status	Country of citizenship		Relationship to principal applicant		<input type="checkbox"/> Accompanying <input type="checkbox"/> Non-accompanying	

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

Name of principal applicant or contact person or organization outside Canada, street no., city, village, country, postal code	
Telephone no.	Email address

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

NAMES OF OTHER PRINCIPAL APPLICANTS LINKED TO THIS UNDERTAKING	Date of birth	FOR CIC USE ONLY
		Client ID no.
	Y M D 	
	Y M D 	
	Y M D 	
	Y M D 	
	Y M D 	

**G - OBLIGATIONS**

This undertaking specifies the obligations of the sponsoring group with respect to the principal applicant and all accompanying or non-accompanying family members:

- Reception - Meet the sponsored person(s) upon arrival in the community;
- Lodging - Provide suitable accommodation, basic furniture and other household essentials;
- Care - Food, clothing, local transportation costs and other basic necessities of life;
- Settlement Assistance and Support - Help for the sponsored person(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.

The sponsoring group's obligations commence upon arrival of the sponsored persons in Canada. The sponsored person(s) are supported for 12 months or until they become self-sufficient.

**H - 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 and Financial Assessment.  
 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 sponsored person(s).  
 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 SETTLEMENT ORGANIZATIONS:**

Representative name (print name)	Signature	Date (YYYY-MM-DD)
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**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 CO-SPONSORS (if applicable):**

Co-sponsor name (print name)	Signature	Date (YYYY-MM-DD)
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**I - 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 SETTLEMENT ORGANIZATIONS:**

Representative name (print name)	Signature	Date (YYYY-MM-DD)
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**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 CO-SPONSORS (if applicable):**

Co-sponsor name (print name)	Signature	Date (YYYY-MM-DD)
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**J - FOR CIC USE ONLY**

Officer name	Signature
Phone number	Approval date (YYYY-MM-DD)
Visa office and number	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](http://infosource.gc.ca) and through the Citizenship and Immigration Call Centre. **Infosource is also available at Public Libraries in Canada.**