



APPLICATION TO SPONSOR A MEMBER OF THE FAMILY CLASS AND UNDERTAKING (REGS. April, 1997)

REFER TO INSTRUCTIONS FOR HELP IN COMPLETING THIS FORM

FOR OFFICE USE ONLY		
Sponsor ID number ▶	CPC – CIC file number ▶	Kit identifier number ▶

Please print or type

A - SPONSOR

Fee receipt number ▶

1 Surname (Family name)		Surname before marriage		Given name(s)		2 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
3 Date of birth Day Month Year		4 Country of birth		5 Marital Status (except for never married, please provide proof of marital status) <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled marriage			
6 My home address is No. & street Apt./Unit				7 Mailing address No. & street Apt./Unit			
City/Town Province Postal code				City/Town Province Postal code			
8 Home telephone no. Area code No.		9 Business telephone no. Area code No.		10 Facsimile no. Area code No.		11 Indicate most convenient time to reach you by telephone Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
12 Canadian citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		13 Permanent resident <input type="checkbox"/> Yes <input type="checkbox"/> No		14 Date of landing in Canada Day Month Year			
15 This section applies to both permanent residents and naturalized Canadian citizens. Indicate country where immigrant Visa/ Landing was processed. Country ▶				Name (Surname and given name(s)) at time of landing		Record of landing number	
16 Visa office preference (optional)				Language of correspondence <input type="checkbox"/> English OR <input type="checkbox"/> French			

FOR OFFICE USE ONLY

Co-signer ID number ▶

B - CO-SIGNER (Must be spouse or common-law spouse of sponsor)

17 Surname (Family name)		Surname before marriage		Given name(s)	
18 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		19 Date of birth Day Month Year		20 Country of birth	
21 Relationship to sponsor <input type="checkbox"/> Married to sponsor (Box 1) <input type="checkbox"/> Common-law spouse of sponsor (Box 1)					
22 Home telephone no. Area code No.		23 Business telephone no. Area code No.		24 Facsimile no. Area code No.	
25 Indicate most convenient time to reach you by telephone Time <input type="checkbox"/> AM <input type="checkbox"/> PM					
26 Canadian citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		27 Permanent resident <input type="checkbox"/> Yes <input type="checkbox"/> No		28 Date of landing in Canada Day Month Year	
29 This section applies to both permanent residents and naturalized Canadian citizens. Indicate country where immigrant Visa/ Landing was processed. Country ▶		Name (Surname and given name(s)) at time of landing		Record of Landing number	

C - FAMILY MEMBERS BEING SPONSORED AND THEIR DEPENDENTS

(Print names in PINYIN if relatives live in the People's Republic of China)

30	31	32	33	34	35	36	
Surname (Family name) (Include Surname before marriage)	Given name(s)	Relationship to sponsor	Date of birth D M Y	Country of birth	Marital status	Sex M F	Type of dependent child
a) Family member you are sponsoring/principal applicant							
ID no. (Office use only)			D M Y			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
b) Spouse of person in a)							
ID no. (Office use only)			D M Y			<input type="checkbox"/> M <input type="checkbox"/> F	NOT APPLICABLE
c) Accompanying dependent children of persons in a) and b)							
1. ID no. (Office use only)			D M Y			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2. ID no. (Office use only)			D M Y			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3. ID no. (Office use only)			D M Y			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
4. ID no. (Office use only)			D M Y			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
d) Non-accompanying dependents of persons in a) and b)							
1. ID no. (Office use only)			D M Y			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2. ID no. (Office use only)			D M Y			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
37 Address where your relative lives				38 Mailing address for your relative <input type="checkbox"/> OR <input type="checkbox"/> Same as in box 37			
No. & street		Apt./Unit	No. & street		Apt./Unit		
City/Town		Province/State/Region	City/Town		Province/State/Region		
Country	Postal code	Home telephone no. Area code No.	Country	Postal code			

D - ADOPTION CASE

1. Please check one of the following boxes:

Child already adopted abroad. Adoption order issued on: ▶

Day	Month	Year

Child to be adopted abroad

Child to be adopted in Canada

2. Child's country of residence/source country for adoption: _____

Information provided on the Application to Sponsor a Member of the Family Class and Undertaking is collected under the authority of the *Immigration Act*. Together with the information on the Financial Evaluation form, it is required for the purpose of determining your ability to sponsor your relative(s) (or to co-sign your spouse's application). It may be used to enforce the undertaking you have signed, and it may be provided to provincial authorities pursuant to federal/provincial information exchange agreements. Information you provide on this form will be stored in Personal Information Bank EIC PPU 240 and is protected and accessible under the provisions of the *Privacy Act* and the *Access to Information Act*. Instructions for obtaining information are provided in InfoSource, a copy of which is located in all Citizenship and Immigration offices.

E - SPONSORSHIP OF A FIANCÉ(E)

1. I am free to marry;
2. I will marry my fiancé(e) within 90 days and will send a copy of the marriage certificate to the Case Processing Centre in Mississauga within 180 days of the date he/she becomes a permanent resident; and
3. I understand that if I fail to meet these conditions, my fiancé(e) will be reported under the *Immigration Act* and may be asked to leave Canada.

F - ELIGIBILITY ASSESSMENT

PART 1: If you answer "NO" to any questions in Part "1" you are not eligible to sponsor (or co-sign if applicable). You should NOT submit your application.

- | | SPONSOR | CO-SIGNER |
|--|---|--|
| a) Are you 19 years of age or older? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b) Are you a Canadian citizen or permanent resident? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c) Are you sponsoring a member of the family class? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | NOT APPLICABLE |
| d) Are you residing in Canada and in no other country? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
- * If you answered "NO", but you are a Canadian citizen living exclusively abroad, refer to the instructions. You may still be eligible to sponsor. Complete declaration Section G.

PART 2: If you answer "YES" to any questions in Part "2" you are not eligible to sponsor (or co-sign if applicable). You should NOT submit your application.

- | | | |
|---|--|--|
| a) Are you bankrupt as defined in the <i>Bankruptcy and Insolvency Act</i> ? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b) Have family members you previously sponsored received social assistance/welfare during the validity of the undertaking? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c) Did you co-sign an undertaking where the sponsored family members received social assistance/welfare during the validity of the undertaking? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| d) Are you late in making a required payment on an immigration loan and have not made arrangements to defer payments? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| e) Are you currently in a jail, prison, penitentiary or reformatory? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PART 3: For Permanent Residents Only. If you answer "YES" to any of these questions, refer to instructions for more information.

- | | | |
|---|--|--|
| a) Have you been ordered to leave Canada? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b) Have you been charged with a criminal offence that may be punishable by more than six months imprisonment? If yes, what was the charge and the date and place of the charge? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Charge: _____

Day	Month	Year

Date: _____ Place: _____

- | | | |
|---|--|--|
| c) Are you in violation of the <i>Immigration Act</i> ? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|--|

G - RESIDENCY DECLARATION FOR CANADIAN CITIZENS LIVING EXCLUSIVELY OUTSIDE OF CANADA

1. I intend to live in Canada immediately after my spouse and/or children become permanent residents.
2. Please check one of the following boxes:

- My family and I intend to live in Quebec.
 My family and I intend to reside in a province other than Quebec.

H - CONSENT

I give consent to Citizenship and Immigration Canada to release all information pertaining to this sponsorship application to the person or firm named below and request that all related correspondence be directed to this Canadian representative.

Designated canadian representative	Name of firm, agency, etc. (if applicable)		
Address - number and street			
City/town	Province	Postal code	Area code No.

I - UNDERTAKING

APPLIES TO RESIDENTS OF ALL PROVINCES/TERRITORIES, EXCEPT QUEBEC:

- I promise the Minister of Citizenship and Immigration to provide for the essential needs of the sponsored relative and their dependents who accompany them to Canada, if they are not self-supporting. I will provide food, clothing, shelter, and other goods or services, including dental care, eye care, and other health needs not provided by public health care. The money, goods or services provided by the sponsor and co-signer must be sufficient for the sponsored people to live in Canada. I understand that these obligations may be met by the sponsor alone, the co-signer alone, or by both of them.
- I promise that the sponsored relatives will not need to apply for social assistance/welfare.
- I make these promises so that the family members listed on this undertaking can be admitted to Canada as permanent residents. I understand that the family members will be admitted solely on the basis of their relationship to the sponsor and that they **do not** need to have the financial means to become established in Canada.
- I understand that this undertaking is valid for 10 years. It begins on the date the sponsored family members become permanent residents of Canada. It continues for 10 years no matter what may change in my life. For example, if I am divorced, change jobs, become unemployed, and/or go back to school, I will still be responsible to the relatives I am sponsoring or for whom I am co-signing.
- If I fail to keep my promise and do not provide for the essential needs of the sponsored relatives or they receive social assistance/welfare while I am responsible for them, I will be in default. I understand that a sponsor and co-signer continues to be in default until the sponsor or co-signer has repaid in full the amount of the benefits received or repaid the debt to the satisfaction of the social assistance authorities.
- All social assistance/welfare paid to the sponsored relative or any dependents becomes a debt owed by the sponsor and the co-signer to the Minister. As a result, the Minister has a right to take legal action in a court of law against the sponsor, the co-signer or against both of them. The Minister may take other actions to recover the debt from the sponsor or co-signer. The Minister may also assign the debt to a provincial government and that provincial government may then take legal action to collect any amount paid to my relatives. If the Minister has assigned the undertaking to a province, the effect is the same as if the sponsor and co-signer had given the undertaking to a provincial official.
- The Minister may choose not to take legal action to recover money from a sponsor or co-signer who has defaulted in a situation of abuse or in other circumstances. The decision of the Minister not to act at a particular time does not cancel the debt. The Minister may recover the debt when circumstances have changed.
- There are consequences for future undertakings if a sponsor or co-signer default on any sponsorship undertaking. This holds true for both this Undertaking and any past Undertakings where the sponsor or co-signer have not satisfactorily paid back their debts. If this is the case, neither the sponsor nor co-signer is allowed to sponsor or co-sign another application to sponsor a family class relative.

J - DECLARATION

APPLIES TO RESIDENTS OF ALL PROVINCES/TERRITORIES, EXCEPT QUEBEC:

- I agree to the terms outlined in Section I, Undertaking.

APPLIES TO RESIDENTS OF ALL PROVINCES/TERRITORIES, INCLUDING QUEBEC:

- I declare that the information given on this form and any attached documents is complete, correct and fully discloses everything concerning my eligibility to sponsor or co-sign.
- I understand that false or misleading statements may lead to the refusal of the application for landing of the relatives I am sponsoring (or for whom I am a co-signer.) I understand that giving false or misleading information may be grounds for my prosecution and my relatives' removal from Canada.
- I understand all the above statements, having asked for and obtained an explanation on every point that was not clear to me.

K - SIGNATURE(S)

City/town	Province																								
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse; font-size: 8px;"> <tr> <td style="width: 20%;">Day</td> <td style="width: 20%;">Month</td> <td style="width: 20%;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> </div> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse; font-size: 8px;"> <tr> <td style="width: 20%;">Day</td> <td style="width: 20%;">Month</td> <td style="width: 20%;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> </div> </div>	Day	Month	Year				Day	Month	Year				<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse; font-size: 8px;"> <tr> <td style="width: 20%;">Day</td> <td style="width: 20%;">Month</td> <td style="width: 20%;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> </div> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse; font-size: 8px;"> <tr> <td style="width: 20%;">Day</td> <td style="width: 20%;">Month</td> <td style="width: 20%;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> </div> </div>	Day	Month	Year				Day	Month	Year			
Day	Month	Year																							
Day	Month	Year																							
Day	Month	Year																							
Day	Month	Year																							
Sponsor's signature	Date	Sponsor's spouses signature (if co-signer)	Date																						

OFFICIAL USE ONLY

Income requirements ▶	SA's available for _____	SA's required for _____	<input type="checkbox"/> Met <input type="checkbox"/> Not met <input type="checkbox"/> R 6(3)		
<input type="checkbox"/> Sponsor's intention to marry verified	<input type="checkbox"/> Agreement and undertaking signed	Length of undertaking (Except Quebec) ▶ <table style="font-size: 8px; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table>		1	0
1	0				
Cost recovery code ▶	Amount	Receipt no.	ROLF ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Loan <input type="checkbox"/> Deferred <input type="checkbox"/> N/A		
Lock-in date at Canada Immigration ▶	Day Month Year	Signature of Immigration Officer ▶	# of person \$		
Date signed ▶	Day Month Year	Remarks ▶ <input type="checkbox"/> See attached Visa office ▶			