

**MANITOBA PROVINCIAL NOMINEE PROGRAM
AFFIDAVIT OF SUPPORT (MAS)**

Who should complete this form:

This form must be completed by the close relative named by applicants to the Family Support stream and by the close friends or distant relatives of applicants to the General stream.

This form cannot be signed by paid immigration representatives or anyone who is not a relative or friend of the principal applicant and/or the principal applicant's family, and should not be signed by elected officials or their staff.

Date received by
Manitoba

Part 1: Declaration of Support: This section must be completed by all signatories of this Affidavit of Support.

- Close relatives must include documents proving relationship (birth, marriage certificates etc.).
- All supporters must include proof of citizenship or permanent resident status in Canada and established residence in Manitoba (passport, Record of Landing, Permanent Resident Card, Manitoba Health Card etc.).

I, _____ of _____
(Name) *(Address including postal code)*

Date of birth _____
E-mail Address _____
Telephone – daytime _____
Telephone – evening

MAKE OATH AND SAY THAT:

1. I am a Canadian citizen or Permanent Resident of Canada and I have lived in Manitoba for at least one year.
2. I declare that I am a close relative, distant relative, or friend of the principal applicant or his/her spouse (named below), and that I have provided documentation proving that I am a close relative of this individual and/or a personal letter of reference if the individual is my friend or distant relative

Complete name of my relative or friend who is applying to the MPNP

Family name _____
Given name
Complete address of my relative or friend who is applying to the MPNP

Describe your exact relationship to this person

Be specific. For example: "my spouse's sister" OR "my cousin (mother's brother's son)" OR my personal friend

3. I declare that my spouse (if applicable) agrees with the terms and conditions contained in this affidavit.
4. I declare that I clearly understand that applicants to the Manitoba Provincial Nominee Program named below must make a formal declaration of their intention to live and work in Manitoba, that I will not knowingly support the application of individuals who do not intend to live in Manitoba, and that I will be prohibited from supporting other relatives or friends in the future, if any of the applicants named on this affidavit do not settle successfully and permanently in Manitoba.

Name of principal applicant _____
Name of spouse

Names of all accompanying dependents – use additional page if required

4. I am satisfied that the applicant has the required amount of \$10,000 for a principal applicant and \$2,000 for each accompanying family member, a bona fide offer of employment in Manitoba, and/or a signed financial declaration of support by a close relative and am aware that any applicant who cannot provide evidence of sufficient settlement funds may be refused by the MPNP.
5. I am prepared to assist the applicant and his/her family to establish successfully in Manitoba as follows:

6. I declare that I have known the principal applicant and/or spouse:
 for 1 year or more for less than 1 year how long? _____ Never met

7. I declare that I have also supported or sponsored other relatives or friends as immigrants to Canada.

Yes No

If "YES", give details (attach additional page if required):

Name	Date of application	Type of Program (family, nominee, skilled worker)	Date landed in Canada
_____	_____	_____	_____

Current Address and Telephone Number: _____

Current Employer: _____

Name	Date of application	Type of Program (family, nominee, skilled worker)	Date landed in Canada
_____	_____	_____	_____

Current Address and Telephone Number: _____

Current Employer: _____

8. I affirm that I have not received or been promised payment or other consideration for signing this support agreement.
9. I declare the information provided is true, complete and accurate and give consent to the Province of Manitoba to verify any information I have provided in this agreement.
10. I understand that the provision of any false statements or concealment of any material fact may result in, but is not limited to, some or all of the following consequences:
- refusal to approve this agreement or future agreements
 - refusal or withdrawal of the principal applicant's Certificate of Nomination
 - other enforcement action
11. I understand and am prepared to comply with all the commitments and obligations contained in this support agreement, having asked for and received an explanation on every point about which I may have been uncertain.
12. I swear this support agreement bona fide.

AFFIRMED and SWORN before me at the _____)

Signature of person swearing affidavit

of _____, in the Province of _____)

Manitoba, this day of _____)

20 _____)

Signature of Notary Public/Commissioner of Oaths

Name of Notary Public in and for the Province of Manitoba
or Commissioner of Oaths _____

My commission expires _____

Part 2: Declaration of Financial Support By Close Relative

- This section should be completed only by Manitoba close relative of an applicant who cannot demonstrate sufficient settlement funds as described in the MPNP application guidelines.
- Supporting Manitoba relatives must include financial documents such as bank statements, tax statements; proof of assets (property, investments etc.), proof of employment (including salary information) etc.

I, _____ Of _____
(Name) (Address including postal code)

Date of birth E-mail address Telephone – daytime Telephone – evening

MAKE OATH AND SAY THAT:

1. I will ensure that all processing and right of permanent residence fees, medical and transportation costs and any other pre-arrival costs of the principal applicant and his/her accompanying dependents are paid.
2. I hereby agree to ensure that the essential needs of the principal applicant and any accompanying dependents are met from the date of landing, including, but not limited to, providing shelter, food, clothing and other goods of services necessary for day-to-day living in Manitoba as well as the dental care, eye care and other health care needs not provided by the Manitoba Health Services Commission.
3. I hereby accept full responsibility for ensuring that the principal applicant and his/her accompanying dependents shall not rely on any social assistance or other government income support program in Manitoba or any other province or territory.
4. I affirm that my affidavit cannot be terminated once the Province of Manitoba has issued a Certificate of Nomination for the principal applicant and accompanying dependents.
5. I permit the sharing, release and exchange by and to the Government of Manitoba and the Government of Canada as necessary of any personal, financial or corporate financial information, on the understanding that this information may be used to assist in verifying, assessing, evaluating, monitoring and enforcing of this support agreement.
6. I have sufficient financial resources and expertise to fulfil this affidavit and have provided confirmation of employment letter, bank records and ownership documents to demonstrate my financial ability to honor my agreement commitments.
7. I agree to be the principal contact and representative for my relative in Canada and understand that Manitoba will not recognize any paid immigration representative with respect to the processing of his/her application for permanent status in Canada where this financial declaration has been included in that application.
8. I declare the information provided is true, complete and accurate and give consent to the Province of Manitoba to verify any information I have provided in this agreement.
9. I understand that the Manitoba Provincial Nominee Program is not a sponsorship program and that all applicants will be assessed on the basis of their education, work experience and demonstrated ability to settle successfully in Manitoba.
10. I swear this support agreement bona fide.

AFFIRMED and SWORN before me at the _____)
of _____, in the Province of _____)
Manitoba, this day of _____)
20 _____)
Signature of person swearing affidavit
Signature of Notary Public/Commissioner of Oaths

Name of Notary Public in and for the Province of Manitoba
or Commissioner of Oaths _____
My commission expires _____

