



**Saskatchewan
Government Relations**

SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)

AFFIDAVIT OF ENGLISH/FRENCH LANGUAGE ABILITY

(This form must be completed if your proposed employee's first language is not English or French)

I, _____ of _____,

(Name)

(Company Name)

(Address including City/Town, Province)

(Telephone)

ATTEST THAT:

1. We have interviewed _____ and are satisfied
(Applicant's Name)
he/she has the English or French language ability sufficient to work in our
company as _____.
(Occupation)

2. I have assessed the applicant's language skills to the skills typically needed in the
intended occupation in the following manner:

3. It is our intention to help the applicant improve his English or French language
skills in the following ways:

Signature of Authorized person making affidavit

Date

Witness

Date