

UNDERTAKING/APPLICATION TO SPONSOR - GROUPS OF FIVE
UNDERTAKING TO SPONSOR CONVENTION REFUGEES ABROAD AND
HUMANITARIAN-PROTECTED PERSONS ABROAD

IMM 6000 Distribution Options

Check applicable box: Visa office sends IMM 6000 to refugee applicant Sponsoring group sends IMM 6000 to refugee applicant Local CIC submits completed application for permanent residence and approved undertaking to visa office

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

A - Group name and representative

Our group name for this sponsorship is:			Group's Client ID no.		FOR CIC USE ONLY	
1 Group representative - Surname (Family name)		Given name(s)		Date of birth ▶ D M Y		Client ID no.
Relationship to principal refugee applicant (if any)		Address (no. & street)				Apt. / Unit
City		Province				Postal code
Home telephone no. Area code No.		Business telephone no. Area code No. Ext.		Fax no. Area code No.		E-mail
Have you signed any other sponsorship undertaking of refugees or of your family members? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If yes, provide details on separate page.						

B - Group members

2 Surname (Family name)		Given name(s)		Date of birth ▶ D M Y		FOR CIC USE ONLY	
Relationship to principal refugee applicant (if any)		Address (no. & street)				Apt. / Unit	Client ID no.
City		Province				Postal code	
Home telephone no. Area code No.		Business telephone no. Area code No. Ext.		Fax no. Area code No.		E-mail	
Have you signed any other sponsorship undertaking of refugees or of your family members? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If yes, provide details on separate page.							
3 Surname (Family name)		Given name(s)		Date of birth ▶ D M Y		FOR CIC USE ONLY	
Relationship to principal applicant (if any)		Address (no. & street)				Apt. / Unit	Client ID no.
City		Province				Postal code	
Home telephone no. Area code No.		Business telephone no. Area code No. Ext.		Fax no. Area code No.		E-mail	
Have you signed any other sponsorship undertaking of refugees or of your family members? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If yes, provide details on separate page.							
4 Surname (Family name)		Given name(s)		Date of birth ▶ D M Y		FOR CIC USE ONLY	
Relationship to principal applicant (if any)		Address (no. & street)				Apt. / Unit	Client ID no.
City		Province				Postal code	
Home telephone no. Area code No.		Business telephone no. Area code No. Ext.		Fax no. Area code No.		E-mail	
Have you signed any other sponsorship undertaking of refugees or of your family members? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If yes, provide details on separate page.							
5 Surname (Family name)		Given name(s)		Date of birth ▶ D M Y		FOR CIC USE ONLY	
Relationship to principal applicant (if any)		Address (no. & street)				Apt. / Unit	Client ID no.
City		Province				Postal code	
Home telephone no. Area code No.		Business telephone no. Area code No. Ext.		Fax no. Area code No.		E-mail	
Have you signed any other sponsorship undertaking of refugees or of your family members? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If yes, provide details on separate page.							

C - Refugee applicantsFor visa office-referred sponsorship, check box and attach Refugee Profile.

1 Principal refugee applicant - Surname (Family name)		Given name(s)			Marital status		FOR CIC USE ONLY	
Date of birth D M Y		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of birth	Place of birth	Country of citizenship		Principal applicant ID no.	
2 Refugee applicant surname (Family name)		Given name(s)			Relationship		Marital status	
Date of birth D M Y		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of birth	Place of birth	Country of citizenship		Dependant ID no.	
3 Refugee applicant surname (Family name)		Given name(s)			Relationship		Marital status	
Date of birth D M Y		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of birth	Place of birth	Country of citizenship		Dependant ID no.	
4 Refugee applicant surname (Family name)		Given name(s)			Relationship		Marital status	
Date of birth D M Y		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of birth	Place of birth	Country of citizenship		Dependant ID no.	
5 Refugee applicant surname (Family name)		Given name(s)			Relationship		Marital status	
Date of birth D M Y		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of birth	Place of birth	Country of citizenship		Dependant ID no.	
6 Refugee applicant surname (Family name)		Given name(s)			Relationship		Marital status	
Date of birth D M Y		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of birth	Place of birth	Country of citizenship		Dependant ID no.	
Complete mailing address of principal refugee applicant (or contact person or organization)								
Country		Telephone no. Area code No.			E-mail			

D - Multiple undertakings (if more than three, attach a separate page)

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

E - Relatives of Refugee applicants living in Canada. If more than two persons, please add a page.

1 Surname (Family name)		Given name(s)		<input type="checkbox"/> Cdn citizen <input type="checkbox"/> Other <input type="checkbox"/> Permanent resident		Relationship to refugee applicant(s)	
Address (no. & street)					City/Town		
Province		Postal code		Home telephone no. Area code No.			
2 Surname (Family name)		Given name(s)		<input type="checkbox"/> Cdn citizen <input type="checkbox"/> Other <input type="checkbox"/> Permanent resident		Relationship to refugee applicant(s)	
Address (no. & street)					City/Town		
Province		Postal code		Home telephone no. Area code No.			

F - Obligations of the sponsor**Purpose:**

This undertaking makes clear the obligation of the sponsor in relation to the sponsored persons.

- The sponsor promises the Minister to provide the sponsored persons with the following assistance:

Reception

- Meet the refugee 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 the refugee(s) 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 residence in Canada.
- The sponsors' obligations commence upon the arrival of the sponsored persons in Canada and continue for a period of not less than 12 months and not more than 36 months or until the sponsored persons become self-sufficient, whichever is less. The Immigration officer has determined the duration of the undertaking to be for a period of 12 months unless otherwise recommended by a visa officer and agreed to by the sponsor.

G - Declaration by the sponsor

- I declare that the information provided is to the best of my knowledge true, complete and accurate.
- I am not in default in respect of any other sponsorship undertaking(s).
- I am not in default in respect of any immigration loans.
- We have made or will make adequate arrangements in the expected community of settlement for the reception of the persons identified in this undertaking, as evidenced in the Settlement Plan and Financial Assessment - IMM 5373A.
- We have sufficient financial resources and expertise to fulfill this undertaking.
- To the best of my ability, I 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 refugee(s).
- I understand that any false statements or concealment of any material fact may result in, but are not limited to, some or all of the following consequences:
 - refusal to approve this undertaking or future undertakings;
 - refusal of the sponsored application for permanent residence;
 - exclusion or removal from Canada of the sponsored individuals; and/or
 - prosecution or other enforcement action.
- I understand that the sponsorship undertaking constitutes a financial obligation that could result in collection action should there be a breach of that obligation.

1	Name of Group Representative	Signature of Group Representative	Date	D	M	Y
2	Member	Signature	Date	D	M	Y
3	Member	Signature	Date	D	M	Y
4	Member	Signature	Date	D	M	Y
5	Member	Signature	Date	D	M	Y

FOR CIC USE ONLY

CIC name						
Officer name				Officer signature		
Telephone	Area code	No.	Fax no.	Area code	No.	Approval date
						D M Y
Visa office			Visa office no.		Date notification of approval sent to Visa Office and Matching Centre	
					D M Y	
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 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 **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 and through the Citizenship and Immigration Call Centre. **Infosource is also available at Public Libraries in Canada.**



SETTLEMENT PLAN and FINANCIAL ASSESSMENT

Group of Five

REFER TO THE INSTRUCTION GUIDE FOR INFORMATION ON THIS FORM.

FOR CIC USE ONLY

CIC File Identification No.

Principal Applicant ID No.

A - GENERAL INFORMATION

Name of Principal Refugee Applicant Surname (family name)		Given name(s)		Date of birth D M Y		
Name of Group of Five						
Name of Group Representative Surname (family name)		Given name(s)				
Mailing address (no. & street)			City		Province	Postal code
Home telephone no. Area code No.		Work telephone no. Area code No.		Facsimile no. Area code No.		E-mail address

B - SETTLEMENT NEEDS CHECKLIST

* *Settlement Needs* : Please acknowledge that your Group is aware of the refugee's settlement needs by placing a checkmark in the appropriate boxes.
 * *In-Kind* : If your Group will have in-kind donations available to supply certain settlement needs, place a checkmark in the appropriate boxes.
 * *In-Kind Deductions* : Using the rates provided in the In-Kind Deduction Table, print the dollar value for each form of settlement assistance for which an in-kind donation is available. The total value of the in-kind donations will be deducted from the cost of your 12-month sponsorship.

Settlement Needs	In-Kind	In-Kind Deduction
START-UP COSTS		
Clothing	<input type="checkbox"/>	\$
Home furnishings	<input type="checkbox"/>	\$
Household effects (pots, pans, etc.)	<input type="checkbox"/>	\$
Bedding and linens	<input type="checkbox"/>	\$
Food staples	<input type="checkbox"/>	\$
Hook-up costs (rent deposit, telephone, utilities, etc.)	<input type="checkbox"/>	n/a
MONTHLY EXPENDITURES		
Shelter	<input type="checkbox"/>	\$
Transportation (public transit)	<input type="checkbox"/>	n/a
Living allowance (food, incidentals, etc.)	<input type="checkbox"/>	n/a
		Total In-Kind Deduction:
		\$
SETTLEMENT ASSISTANCE		
Meet refugee(s) at the airport and provide transportation to the final destination	<input type="checkbox"/>	
Meet refugee(s) upon arrival at the final destination (if applicable)	<input type="checkbox"/>	
Locate an interpreter (if applicable)	<input type="checkbox"/>	
Apply for provincial health plan and Interim Federal Health plan	<input type="checkbox"/>	
Apply for Social Insurance Number	<input type="checkbox"/>	
Select a family physician	<input type="checkbox"/>	
Select a dentist	<input type="checkbox"/>	
Plan for medical emergencies	<input type="checkbox"/>	
Provide orientation (public transportation, banking services, etc.)	<input type="checkbox"/>	
Provide assistance in linking refugee(s) with community activities	<input type="checkbox"/>	
Enroll children in school (if applicable)	<input type="checkbox"/>	
Make child care arrangements (if applicable)	<input type="checkbox"/>	
Register for child tax benefit (if applicable)	<input type="checkbox"/>	
Enroll adults in language training	<input type="checkbox"/>	
Provide assistance in finding employment	<input type="checkbox"/>	

C - SETTLEMENT NEEDS - DETAILS

- Specify details of the plans your group has made or intends to make to help the refugee(s) settle.
- If you require more space, please add a page.

1	What accommodation (temporary or permanent) arrangements are available?
2	Indicate the number of people who will be volunteering to assist with the refugee applicant's settlement and the times they will be available (day/evening/weekend).
3	a) Which immigrant settlement assistance agencies will the refugee applicant(s) likely access? b) Have you contacted these agencies for information on available services?
4	Describe the anticipated monthly expenses for the refugee applicant(s)?
5	How is money going to be administered by your Group? Provide details.
6	If your Group plans to use in-kind donations to support part of this sponsorship, provide details.
7	What contingency plans has your Group made in case problems arise with the implementation of this plan?

D - FINANCIAL ASSESSMENT

- * This section will allow the group to predetermine if it has committed sufficient funds to the sponsorship.
- * Use the dollar amounts indicated on the Group's financial documents and/or individual member's Financial Profile (IMM 5373B, Section G - Box B) and the dollar amounts listed in the two cost tables below to fill out the following applicable sections to determine if the total amount committed equals or exceeds the total amount required.

Financial Commitment	Financial Requirement																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Other sources of Funds</td> <td style="width: 20%;">\$ _____</td> </tr> <tr> <td>Member 1 Financial Commitment</td> <td>+ \$ _____</td> </tr> <tr> <td>Member 2 Financial Commitment</td> <td>+ \$ _____</td> </tr> <tr> <td>Member 3 Financial Commitment</td> <td>+ \$ _____</td> </tr> <tr> <td>Member 4 Financial Commitment</td> <td>+ \$ _____</td> </tr> <tr> <td>Member 5 Financial Commitment</td> <td>+ \$ _____</td> </tr> </table>	Other sources of Funds	\$ _____	Member 1 Financial Commitment	+ \$ _____	Member 2 Financial Commitment	+ \$ _____	Member 3 Financial Commitment	+ \$ _____	Member 4 Financial Commitment	+ \$ _____	Member 5 Financial Commitment	+ \$ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Total Cost of Sponsorship: (column C below)</td> <td style="width: 20%;">\$ _____</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Total In-Kind Deduction: (from page 1)</td> <td>- \$ _____</td> </tr> </table>	Total Cost of Sponsorship: (column C below)	\$ _____			Total In-Kind Deduction: (from page 1)	- \$ _____
Other sources of Funds	\$ _____																		
Member 1 Financial Commitment	+ \$ _____																		
Member 2 Financial Commitment	+ \$ _____																		
Member 3 Financial Commitment	+ \$ _____																		
Member 4 Financial Commitment	+ \$ _____																		
Member 5 Financial Commitment	+ \$ _____																		
Total Cost of Sponsorship: (column C below)	\$ _____																		
Total In-Kind Deduction: (from page 1)	- \$ _____																		

Total Financial Commitment : = \$ _____

Final Cost of Sponsorship : = \$ _____

Sponsorship Cost Table (\$)

	A	B	C
Family Size	12 months of income support	Start-Up Costs	Total Cost
1	7200	2300	9500
2	11950	3250	15200
3	14750	4550	19300
4	17100	5300	22400
5	19100	6000	25100
6	19600	6800	26400
<i>For each additional family member add</i>	<i>700</i>	<i>500</i>	<i>1200</i>

In-Kind Deduction Table (\$)

	Shelter	Clothing	Furniture	Household Effects	Bedding & Linens	Food Staples
1	4000	375	700	325	75	100
2	6100	650	1025	350	125	175
3	6650	950	1350	375	175	350
4	7200	1150	1675	400	250	400
5	7800	1350	2000	425	325	400
6	8100	1550	2325	450	400	400
<i>For each additional family member add</i>	<i>150</i>	<i>200</i>	<i>300</i>	<i>25</i>	<i>75</i>	<i>same</i>

FOR CIC USE ONLY

Met Not Met

E - SIGNATURE

SIGNATURE OF GROUP REPRESENTATIVE ►	DATE ► <table style="display: inline-table; border: none; margin-left: 10px;"> <tr> <td style="width: 20px; text-align: center;">Day</td> <td style="width: 20px; text-align: center;">Month</td> <td style="width: 20px; text-align: center;">Year</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>	Day	Month	Year			
Day	Month	Year					

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FINANCIAL PROFILE - GROUP OF FIVE

- To be completed by each member who intends to use his/her personal income to support the refugee applicant(s).

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

A - GROUP NAME

1 Group of Five name

B - NAME OF PRINCIPAL REFUGEE APPLICANT

1 Surname (Family name)	2 Given name(s)	3 Date of birth	D	M	Y
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C - PERSONAL DETAILS

1 Surname (Family name)	2 Given name(s)	3 Date of birth	D	M	Y
4 For how many people in Canada are you currently the primary source of financial support? (include yourself)					

D - EMPLOYMENT

1 Are you employed? Yes (if yes, provide the following details.) No

2 Name of employer	3 Supervisor's name	4 Telephone no. Area code No.	Fax no. Area code No.
5 Address (no. and street)			
City		Province	Postal code
6 Job title	7 <input type="checkbox"/> Full-time <input type="checkbox"/> Casual <input type="checkbox"/> Part-time	8 Dates of employment From D M Y To D M Y	9 Gross salary over the last 12 months

E - PREVIOUS EMPLOYER (if less than one year with current employer.)

1 Name of employer	2 Supervisor's name	3 Telephone No. Area code No.	Fax no. Area code No.
5 Address (no. and street)			
City		Province	Postal code

F - OTHER SOURCES OF INCOME

List income earned or obtained over the last 12 months from sources other than employment. You must attach supporting documents that attest to the source and amount of this income. An accountant must certify all income earned through self-employment and wholly-owned or partially-owned business ventures. Add an extra page if needed.

Income Source	Amount
1	\$
2	\$
3	\$
4	\$

G - FUNDS COMMITTED TO SPONSORSHIP

* Individual members should not commit beyond what is realistic given their current income and expenses. It is preferable that the financial burden be distributed as evenly as possible

TOTAL INCOME	FUNDS COMMITTED TO SPONSORSHIP
Box A <input style="width: 100px; height: 30px;" type="text"/>	Box B <input style="width: 100px; height: 30px;" type="text"/>
(to be used in section D of Settlement Plan and Financial Assessment)	

H - DECLARATION

I declare that the information given on this form and any attached documents is true, complete and fully discloses my financial situation.

SIGNATURE <input style="width: 150px; height: 30px;" type="text"/>	DATE <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
	Day Month Year

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SPONSOR ASSESSMENT

Name of sponsor	
Name of group (if applicable)	
FOR CIC USE ONLY	
CIC file identification no.	
FC number	Sponsor ID no.

A	Are you 18 years of age or older?	<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												
C	Do you or your representatives reside in the expected community of resettlement?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
D	<p>Have you been convicted inside Canada of the offence of murder or an offence set out in Schedule I or II of the <i>Corrections and Conditional Release Act</i>. (see next page)</p> <p>OR</p> <p>Have you been convicted of an offence outside Canada that, if committed in Canada, would constitute one of the offences referred to above?</p> <p>(if you have received a pardon or final determination of acquittal or if five years have elapsed since the completion of the sentence imposed, the conviction referred to above will not render you ineligible to sponsor refugees and you are not required to disclose the conviction details.)</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide conviction details below.</p> <p>Conviction details:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">Charge</td> <td style="width: 20%;">Date</td> <td style="width: 10%;">D</td> <td style="width: 10%;">M</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Place</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Charge	Date	D	M	Y	Place						
Charge	Date	D	M	Y	Place									
E	Are you in default of any court-ordered support payment obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
F	Are you currently detained in any penitentiary, jail, reformatory or prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
G	Have you been ordered to leave Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
H	Are you subject of revocation proceedings under the <i>Citizenship Act</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No												

Signature

Sponsor signature	Date	D	M	Y

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1 Surname (Family name)	2 Given name(s)	3 Date of birth	D	M	Y
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C - PERSONAL DETAILS

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Income Source	Amount
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SPONSOR ASSESSMENT

Name of sponsor	
Name of group (if applicable)	
FOR CIC USE ONLY	
CIC file identification no.	
FC number	Sponsor ID no.

A	Are you 18 years of age or older?	<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												
C	Do you or your representatives reside in the expected community of resettlement?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
D	<p>Have you been convicted inside Canada of the offence of murder or an offence set out in Schedule I or II of the <i>Corrections and Conditional Release Act</i>. (see next page)</p> <p>OR</p> <p>Have you been convicted of an offence outside Canada that, if committed in Canada, would constitute one of the offences referred to above?</p> <p>(if you have received a pardon or final determination of acquittal or if five years have elapsed since the completion of the sentence imposed, the conviction referred to above will not render you ineligible to sponsor refugees and you are not required to disclose the conviction details.)</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide conviction details below.</p> <p>Conviction details:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">Charge</td> <td style="width: 20%;">Date</td> <td style="width: 10%;">D</td> <td style="width: 10%;">M</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Place</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Charge	Date	D	M	Y	Place						
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E	Are you in default of any court-ordered support payment obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
F	Are you currently detained in any penitentiary, jail, reformatory or prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
G	Have you been ordered to leave Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
H	Are you subject of revocation proceedings under the <i>Citizenship Act</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No												

Signature

Sponsor signature	Date	D	M	Y

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FINANCIAL PROFILE - GROUP OF FIVE

- To be completed by each member who intends to use his/her personal income to support the refugee applicant(s).

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

A - GROUP NAME

1 Group of Five name

B - NAME OF PRINCIPAL REFUGEE APPLICANT

1 Surname (Family name)	2 Given name(s)	3 Date of birth	D	M	Y
-------------------------	-----------------	-----------------	---	---	---

C - PERSONAL DETAILS

1 Surname (Family name)	2 Given name(s)	3 Date of birth	D	M	Y
4 For how many people in Canada are you currently the primary source of financial support? (include yourself)					

D - EMPLOYMENT

1 Are you employed? Yes (if yes, provide the following details.) No

2 Name of employer	3 Supervisor's name	4 Telephone no. Area code No.	Fax no. Area code No.
5 Address (no. and street)			
City		Province	Postal code
6 Job title	7 <input type="checkbox"/> Full-time <input type="checkbox"/> Casual <input type="checkbox"/> Part-time	8 Dates of employment From D M Y To D M Y	9 Gross salary over the last 12 months

E - PREVIOUS EMPLOYER (if less than one year with current employer.)

1 Name of employer	2 Supervisor's name	3 Telephone No. Area code No.	Fax no. Area code No.
5 Address (no. and street)			
City		Province	Postal code

F - OTHER SOURCES OF INCOME

List income earned or obtained over the last 12 months from sources other than employment. You must attach supporting documents that attest to the source and amount of this income. An accountant must certify all income earned through self-employment and wholly-owned or partially-owned business ventures. Add an extra page if needed.

Income Source	Amount
1	\$
2	\$
3	\$
4	\$

G - FUNDS COMMITTED TO SPONSORSHIP

* Individual members should not commit beyond what is realistic given their current income and expenses. It is preferable that the financial burden be distributed as evenly as possible

TOTAL INCOME	FUNDS COMMITTED TO SPONSORSHIP
Box A <input style="width: 100px; height: 30px;" type="text"/>	Box B <input style="width: 100px; height: 30px;" type="text"/>
(to be used in section D of Settlement Plan and Financial Assessment)	

H - DECLARATION

I declare that the information given on this form and any attached documents is true, complete and fully discloses my financial situation.

SIGNATURE <input style="width: 150px; height: 30px;" type="text"/>	DATE <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
	Day Month Year

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SPONSOR ASSESSMENT

Name of sponsor	
Name of group (if applicable)	
FOR CIC USE ONLY	
CIC file identification no.	
FC number	Sponsor ID no.

A	Are you 18 years of age or older?	<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												
C	Do you or your representatives reside in the expected community of resettlement?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
D	<p>Have you been convicted inside Canada of the offence of murder or an offence set out in Schedule I or II of the <i>Corrections and Conditional Release Act</i>. (see next page)</p> <p>OR</p> <p>Have you been convicted of an offence outside Canada that, if committed in Canada, would constitute one of the offences referred to above?</p> <p>(if you have received a pardon or final determination of acquittal or if five years have elapsed since the completion of the sentence imposed, the conviction referred to above will not render you ineligible to sponsor refugees and you are not required to disclose the conviction details.)</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide conviction details below.</p> <p>Conviction details:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">Charge</td> <td style="width: 20%;">Date</td> <td style="width: 10%;">D</td> <td style="width: 10%;">M</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">Place</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Charge	Date	D	M	Y	Place						
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E	Are you in default of any court-ordered support payment obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
F	Are you currently detained in any penitentiary, jail, reformatory or prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
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H	Are you subject of revocation proceedings under the <i>Citizenship Act</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No												

Signature

Sponsor signature	Date	D	M	Y

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FINANCIAL PROFILE - GROUP OF FIVE

- To be completed by each member who intends to use his/her personal income to support the refugee applicant(s).

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

A - GROUP NAME

1 Group of Five name

B - NAME OF PRINCIPAL REFUGEE APPLICANT

1 Surname (Family name)	2 Given name(s)	3 Date of birth	D	M	Y
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C - PERSONAL DETAILS

1 Surname (Family name)	2 Given name(s)	3 Date of birth	D	M	Y
4 For how many people in Canada are you currently the primary source of financial support? (include yourself)					

D - EMPLOYMENT

1 Are you employed? Yes (if yes, provide the following details.) No

2 Name of employer	3 Supervisor's name	4 Telephone no. Area code No.	Fax no. Area code No.
5 Address (no. and street)			
City		Province	Postal code
6 Job title	7 <input type="checkbox"/> Full-time <input type="checkbox"/> Casual <input type="checkbox"/> Part-time	8 Dates of employment From D M Y To D M Y	9 Gross salary over the last 12 months

E - PREVIOUS EMPLOYER (if less than one year with current employer.)

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F - OTHER SOURCES OF INCOME

List income earned or obtained over the last 12 months from sources other than employment. You must attach supporting documents that attest to the source and amount of this income. An accountant must certify all income earned through self-employment and wholly-owned or partially-owned business ventures. Add an extra page if needed.

Income Source	Amount
1	\$
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TOTAL INCOME Box A <input style="width: 100px; height: 30px;" type="text"/>	FUNDS COMMITTED TO SPONSORSHIP Box B <input style="width: 100px; height: 30px;" type="text"/>
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(to be used in section D of Settlement Plan and Financial Assessment)

H - DECLARATION

I declare that the information given on this form and any attached documents is true, complete and fully discloses my financial situation.

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SPONSOR ASSESSMENT

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Name of group (if applicable)	
FOR CIC USE ONLY	
CIC file identification no.	
FC number	Sponsor ID no.

A	Are you 18 years of age or older?	<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												
C	Do you or your representatives reside in the expected community of resettlement?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
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FOR CIC USE ONLY	
CIC File Identification No.	
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1 Group of Five name

B - NAME OF PRINCIPAL REFUGEE APPLICANT

1 Surname (Family name)	2 Given name(s)	3 Date of birth	D	M	Y
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SPONSOR ASSESSMENT

Name of sponsor	
Name of group (if applicable)	
FOR CIC USE ONLY	
CIC file identification no.	
FC number	Sponsor ID no.

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C	Do you or your representatives reside in the expected community of resettlement?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
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Signature

Sponsor signature	Date	D	M	Y

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APPLICATION FOR PERMANENT RESIDENCE IN CANADA

BEFORE YOU START, READ THE INSTRUCTION GUIDE
TYPE or PRINT in black ink

Category under which you are applying (see instructions)

- Family class Refugees outside Canada
 Economic class Canadian Experience Class

Other

How many family members (including yourself) are included in this application for permanent residence in Canada?

Language you prefer for:

Correspondence: English French

Interview: English French Other

Space reserved for applicant's photo

FOR OFFICE USE ONLY
Office file number (or IMM 1343 Case Label)

Date of receipt stamp at post

1. Your full name (as shown in your passport or travel document)

Family name
Given name(s)

2. Your sex Male Female

3. Your date of birth Day Month Year

4. Your place of birth Town/City
Country

5. Your country of citizenship

6. Your native language

7. Your height cm OR ft in

8. Colour of your eyes

9. Your current marital status

- Never married Married Widowed Legally separated
 Annulled marriage Divorced Common-law

If you are married or in a common-law relationship, provide the date on which you were married or entered into the common-law relationship

Day Month Year

10. Have you previously been married or in a common-law relationship?

No Yes ► Give the following details for each previous spouse or partner. If you do not have enough space, provide details on a separate sheet of paper.

Name of previous spouse or partner

Date of birth Day Month Year

Type of relationship Marriage Common-law union

From Day Month Year to Day Month Year

11. Your knowledge of English and French

- Can you communicate in English? Yes No
Can you communicate in French? Yes No

12. Education

How many years of formal education do you have?

What is your highest level of completed education?

- No secondary Bachelor's degree
 Secondary Master's degree
 Trade/Apprenticeship Ph D
 Non-university certificate/diploma

13. Your current occupation

14. Your mailing address (include city and country)

15. Your residential address, if different from your mailing address

16. Your telephone numbers

	Country code	Area code	Number
At home	()	()	
Alternative	()	()	

17. Your e-mail address, if applicable

18. Details from your passport

Passport number
Country of issue
Date of expiry Day Month Year

19. Your identity card number, if applicable

20. Where do you intend to live in Canada?

City/Town
Province



DETAILS OF FAMILY MEMBERS

You must provide the following details about each of your family members, whether they will be accompanying you to Canada or not. **You must include your spouse or common-law partner, if applicable, and all of your dependent children, and those of your spouse or common-law partner, who are not already permanent residents or citizens of Canada.**

If you have more than three family members, photocopy this page before you start completing it or print it from our Web site at www.cic.gc.ca. Make sure you have enough copies to fill in details about all your family members.

	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER
Family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current country of residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other countries with resident status	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status (use one of the categories in question 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Will accompany you to Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport details	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of expiry	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Identity card number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native language	<input type="text"/>	<input type="text"/>	<input type="text"/>
Knowledge of English and French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can communicate in English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can communicate in French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of years of formal education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level of education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Height	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in
Colour of eyes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Photos	<input type="text"/>	<input type="text"/>	<input type="text"/>
Photos must have been taken within the past six months and must be identified by writing the family member's name and date of birth on the back of the photo	Space reserved for family member's photo	Space reserved for family member's photo	Space reserved for family member's photo

DETAILS OF FAMILY MEMBERS

You must provide the following details about each of your family members, whether they will be accompanying you to Canada or not. **You must include your spouse or common-law partner, if applicable, and all of your dependent children, and those of your spouse or common-law partner, who are not already permanent residents or citizens of Canada.**

If you have more than three family members, photocopy this page before you start completing it or print it from our Web site at www.cic.gc.ca. Make sure you have enough copies to fill in details about all your family members.

	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER
Family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current country of residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other countries with resident status	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status (use one of the categories in question 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Will accompany you to Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport details	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of expiry	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Identity card number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native language	<input type="text"/>	<input type="text"/>	<input type="text"/>
Knowledge of English and French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can communicate in English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can communicate in French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of years of formal education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level of education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Height	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in
Colour of eyes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Photos	<input type="text"/>	<input type="text"/>	<input type="text"/>
Photos must have been taken within the past six months and must be identified by writing the family member's name and date of birth on the back of the photo	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Space reserved for family member's photo	Space reserved for family member's photo	Space reserved for family member's photo

10. Education

Give the number of years of school you successfully completed for each of the following levels of education.

Elementary/
primary school

Secondary/
high school

University/
college

Trade school or other
post secondary school

Give full details of all the secondary and post secondary education (including university, college and apprenticeship training) you have had.

From		To		Name of institution	City and country	Type of certificate or diploma issued
M	Y	M	Y			

11. Personal history

Give details of what you have been doing during the past 10 years or since age 18, whichever period is longer, starting with the most recent information. Include jobs held, periods of unemployment, periods of study and any other use of time, such as time spent travelling in search of a country of refuge, stays in hospitals, prisons or other places of confinement, and periods spent at home as a homemaker. You must not leave gaps.

From		To		Activity	City or town and country	Name of company, employer, school, facility, as applicable
M	Y	M	Y			

12. Membership or association with organizations

What organizations have you supported, been a member of or been associated with? Include any political, social, youth or student organization, trade unions and professional associations. Do not use abbreviations. Indicate the city and country where you were a member.

From		To		Name of organization	Type of organization	Activities and/or positions held within organization	City and country
M	Y	M	Y				

13. Government positions

List any government positions (such as civil servant, judge, police officer) you have held. Do not use abbreviations.

From		To		Country and level of jurisdiction (e.g. national, regional, municipal)	Department/Branch	Activities and/or positions held
M	Y	M	Y			

14. Military service

Provide below details of military service for each of the countries in whose armed forces you served.

Name of country

From		To		Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and places of any active combat
M	Y	M	Y			

Name of country

From		To		Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and places of any active combat
M	Y	M	Y			

15. Addresses

List all addresses where you have lived since your 18th birthday. Do not use P.O. box addresses.

From		To		Street and number	City or town	Province, State or District	Country
M	Y	M	Y				

Authority to disclose personal information

By submitting this form, you consent to the release to Canadian government authorities of all records and information any government authority, including police, judicial and state authorities in all countries in which you have lived may possess on your behalf concerning any investigations, arrests, charges, trials, convictions and sentences. This information will be used to assist in evaluating your suitability for admission to Canada or remaining in Canada pursuant to Canadian legislation.

Declaration

This declaration covers the information I have provided on this form and all the information submitted in my application for permanent residence as well as in the attached schedules and accompanying documents.

- I declare that the information I have given is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I also understand that should I be found to be inadmissible for misrepresentation, I may be barred from entering Canada for a period of two years following a final determination of my inadmissibility or, if this determination is made in Canada, my removal from Canada.
- I understand that if I wish to work in a regulated occupation, it is my responsibility to obtain information on the licensing requirements from the appropriate regulatory body in Canada and that should I be issued a permanent resident visa for Canada, I am not guaranteed employment in Canada in my occupation or in any other occupation.
- I understand that should I be issued a permanent resident visa for Canada, conditions may be imposed on me at the time of its issuance and that I will be required to meet them.
- I understand all the foregoing statements, having asked for and obtained an explanation on every point that was not clear to me.
- I realize that once this document has been completed and signed, it will form part of my Immigration Record and will be used to verify my family details on future applications.
- I will immediately inform the Canadian visa office where I submitted my application if any of the information or the answers provided in my application forms change.

Signature

Date

Day	Month	Year

DO NOT COMPLETE THE FOLLOWING SECTION NOW. YOU MAY BE ASKED TO SIGN IN THE PRESENCE OF A REPRESENTATIVE OF THE CANADIAN GOVERNMENT OR AN OFFICIAL APPOINTED BY THE CANADIAN GOVERNMENT.

Solemn declaration

I, , do solemnly declare that the information I have given in the foregoing application is truthful, complete and correct, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of applicant

Interpreter declaration

I, , do solemnly declare that I have faithfully and accurately interpreted in the language the content of this application and any related forms to the person concerned.

I have been informed by the person concerned, and I do verily believe, that he or she completely understands the nature and effect of these forms, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as is made under oath.

Signature of interpreter

Declared before me at

this

day of

of the year

Canadian Government official

Name ►

Signature ►

Please print or type

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used for the purpose of assessing your application for permanent residence in Canada. This information will be retained in the Personal Information Bank CIC PPU 039 entitled Overseas Immigration Case File. Under the provisions of the *Privacy Act* and the *Access to Information Act*, individuals have the right to protection of and access to their personal information. Instructions for obtaining information are provided in InfoSource, a copy of which is located in all Citizenship and Immigration Offices.

10. Education

Give the number of years of school you successfully completed for each of the following levels of education.

 Elementary/
primary school

 Secondary/
high school

 University/
college

 Trade school or other
post secondary school

Give full details of all the secondary and post secondary education (including university, college and apprenticeship training) you have had.

From		To		Name of institution	City and country	Type of certificate or diploma issued
M	Y	M	Y			

11. Personal history

Give details of what you have been doing during the past 10 years or since age 18, whichever period is longer, starting with the most recent information. Include jobs held, periods of unemployment, periods of study and any other use of time, such as time spent travelling in search of a country of refuge, stays in hospitals, prisons or other places of confinement, and periods spent at home as a homemaker. You must not leave gaps.

From		To		Activity	City or town and country	Name of company, employer, school, facility, as applicable
M	Y	M	Y			

15. Addresses

List all addresses where you have lived since your 18th birthday. Do not use P.O. box addresses.

From		To		Street and number	City or town	Province, State or District	Country
M	Y	M	Y				

SCHEDULE 2 REFUGEES OUTSIDE CANADA

FOR OFFICE USE ONLY
ID number

The principal applicant AND each family member must complete their own copy of this form.

The principal applicant

I AM Family member (e.g. spouse, common-law partner, child) aged 18 years or older **OR**

Following family member of any age (one year window)

Client ID number of principal applicant

FAMILY NAME	GIVEN NAMES	DATE OF BIRTH	Day	Month	Year
-------------	-------------	---------------	-----	-------	------

I have been:

Referred by the UNHCR Reference number: _____

Referred by a referral organization. Name of organization: _____

Identified for private sponsorship by a Canadian group

None of the above

Provide as much detail as possible when answering the following questions.

Before you start completing this form, make enough photocopies for your needs. You can also print this form from our web site at www.cic.gc.ca. If you need more space, attach a separate sheet of paper. Make sure you indicate the form's title and the number or letter of the question you are answering. Print your name at the top and number each additional sheet.

NOTE TO FAMILY MEMBERS:

If your answers are the same as the principal applicant's answers, write "same as principal applicant" in the space provided after each question.

If you are coming to Canada at the same time as the principal applicant, complete PARTS A, B and D. **Do not** complete PART C.

If you are a following family member applying under the one-year family reunification period, complete PARTS B, C and D. **Do not** complete PART A.

PART A (Do not complete PART A if you are a following family member applying under the one-year family reunification period.)

1 A) Have you ever applied for resettlement under Canada's Refugee and Humanitarian Resettlement program?

YES NO If "YES", answer B) and C) below. If "NO", proceed to question 2.

B) When and where did you apply? What was the result?

C) How have your circumstances changed since you applied previously?

2 Are you now in your home country (country of nationality)? YES NO If "YES", proceed to question 8.

3 A) Have you ever been refused refugee status by the country in which you are currently living or by any other country? YES NO

B) Do you currently have a refugee status application in process? YES NO

If you answered "YES" to either question, please provide as much detail as possible, including dates, places and description of circumstances.

C) Have you ever applied for Convention refugee status with the United Nations High Commissioner for Refugees (UNHCR)? YES NO If "YES", what was the result?

PART C ADDITIONAL FAMILY INFORMATION (To be completed by the principal applicant and following family members)

Enter **ALL** names in English and in your native language (for example, Arabic, Cyrillic, Chinese, Chinese commercial/telegraphic code, Korean, or Japanese characters). If additional space is required attach a separate sheet.

15 De facto dependants										
Complete this section if you wish to include <i>de facto</i> dependants as part of your family unit. See definition of <i>de facto</i> dependant in the application guide.										
Name	Relationship	Date of birth			Place of birth (city or town AND country)	Marital status	Resides with you?		Will accompany you to Canada?	
		D	M	Y			YES	NO	YES	NO
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 Non dependent children (18 years of age or older) who will not accompany you to Canada							
Name	Relationship	Date of birth			Place of birth (city or town AND country)	Marital status	Current place of residence (city or town AND country)
		D	M	Y			

17 Brothers and sisters							
Name	Relationship	Date of birth			Place of birth (city or town AND country)	Marital status	Current place of residence (city or town AND country)
		D	M	Y			

PART D

18

Authority to disclose personal information

To assist in the processing of my application for immigration to Canada and to facilitate my settlement in Canada if I am selected, I hereby authorize the release of information related to my identity, including any personal information from my immigrant case file, medical file, and information I have provided in interviews to a visa officer to:

- the United Nations High Commissioner for Refugees
- the International Organization for Migration
- any organization under contract or that has signed a Memorandum of Understanding with Citizenship and Immigration Canada to provide refugee processing services
- any service providing organization that will be providing me with settlement services upon my arrival in Canada
- provincial health authorities in Canada

I further authorize the release of information related to my identity, including any personal information from my immigrant case file, medical, criminal or security file, and information I have provided in interviews to:

- potential sponsorship groups in Canada who may be interested in sponsoring me (and my family, if any) YES NO
- the sponsor in Canada who signed a sponsorship for me (and my family, if any) YES NO

It is important for you to know that the consent to release your personal information to sponsors and potential sponsors is completely voluntary.

Signature of applicant

Day	Month	Year
_	_	_ _
Date		

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Assistance in completing your application

Did you receive assistance in completing the application forms? No Yes ► What is the name of the individual or organization that assisted you?

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used for the purpose of assessing your application for permanent residence in Canada according to the requirements of the Act. It will be retained in Personal Information Bank CIC PPU 042 entitled Immigrant Case File 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 and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**



USE OF A REPRESENTATIVE

A representative is someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA). You may have **one** representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

Your dependent children aged 18 years or older must complete their own copy of this form if they have a representative.

- I am: appointing a representative. **Complete Sections A, B and D.**
 cancelling the appointment of a representative. **Complete Section A, C and D.**

SECTION A: APPLICANT INFORMATION

1. Your full name

Family name (Surname)

Given name(s)

2. Your date of birth

Day	Month	Year

3. If you have already submitted your application:

Name of office where the application was submitted

Location of office

Type of application
(permanent residence, extension of study permit, etc.)

4. Your Citizenship and Immigration Canada Identification number (if known)

Client Identification (ID) or
Unique Client Identifier (UCI) number

SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.
- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

5. Your representative's full name

Family name (Surname)

Given name(s)

6. Your representative: (choose one)

is **UNPAID** and is a:

- family member or friend
 member of a non-governmental or religious organization
 member of the Canadian Society of Immigration Consultants, a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*.
 other

is or will be **PAID** and is a member in good standing of:

- the Canadian Society of Immigration Consultants (CSIC)
▶ Membership ID number
- a Canadian provincial or territorial law society
▶ Which province or territory?
▶ Membership ID number
- the *Chambre des notaires du Québec*
▶ Membership ID number

7. Your representative's contact information

Name of firm or organization (if applicable)			
Mailing address			
Postal code/ZIP			
Telephone number	Country code	Area code	Number
	()	()	
Fax number	Country code	Area code	Number
	()	()	
E-mail address (if applicable)			

8. Your representative's declaration:

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

Signature of representative

Date

Day	Month	Year

SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

9. Your representative's full name

Family name (Surname)

Given name(s)

Name of firm or organization
(if applicable)
SECTION D: YOUR DECLARATION**10.**

- I declare that the information I have given is truthful, complete and correct.
- I understand all the foregoing statements, having asked for and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date

Day	Month	Year

Signature of spouse or common-law partner
(if applicable)

Date

Day	Month	Year

Warning! It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank 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 and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**