



# UNDERTAKING/APPLICATION TO SPONSOR SPONSORSHIP AGREEMENT HOLDERS AND CONSTITUENT GROUPS

## UNDERTAKING TO SPONSOR CONVENTION REFUGEES ABROAD AND HUMANITARIAN-PROTECTED PERSONS ABROAD

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

### IMM 6000 Distribution Options

Check applicable box: <input type="checkbox"/>	Visa office sends IMM 6000 to refugee applicant <input type="checkbox"/>	Sponsoring group sends IMM 6000 to refugee applicant <input type="checkbox"/>	Local CIC submits completed application for permanent residence and approved undertaking to visa office <input type="checkbox"/>
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### A - SPONSORSHIP AGREEMENT HOLDER (completion of this section is mandatory)

Name of Sponsorship Agreement Holder					<b>FOR CIC USE ONLY</b> Client ID no.	
SAH representative - Surname (family name)			Given name(s)		Date of birth <input type="checkbox"/> D M Y	
Address (no. and 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 address (specify, if available)		

### B - CONSTITUENT GROUP (if applicable)

Name of Constituent Group					<b>FOR CIC USE ONLY</b> Client ID no.	
Group representative - Surname (family name)			Given name(s)		Date of birth <input type="checkbox"/> D M Y	
Address (no. and 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 address (specify, if available)		

### C - COSPONSOR - INDIVIDUAL (if applicable) If more than one, add a page.

Surname (family name)			Given name(s)		<b>FOR CIC USE ONLY</b> Client ID no.	
Date of birth <input type="checkbox"/> D M Y		Relationship to principal applicant (if any)				
Address (no. and 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 address (specify, if available)		
Have you signed any other sponsorship undertaking of refugees or of your family members? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, provide details on separate page.						

### D - COSPONSOR - ORGANIZATION (if applicable) If more than one, add a page.

Name of corporation or organization				Your group is a: (check box) <input type="checkbox"/> SAH <input type="checkbox"/> CG <input type="checkbox"/> Other		<b>FOR CIC USE ONLY</b> Client ID no.	
Group representative - Surname (family name)				Given name(s)			
Date of birth <input type="checkbox"/> D M Y		Relationship to principal applicant (if any)					
Address (no. and 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 address (specify, if available)			
Have your organization signed any other sponsorship undertaking? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, provide details on separate page.							

### E - CONTACT PERSON

Surname (family name)				Given name(s)			
Provide contact person's coordinates if not indicated above							
Address (no. and 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 address (specify, if available)			



**I - OBLIGATIONS OF THE SPONSORING GROUP**

This undertaking makes clear the obligation of the sponsoring group in relation to the sponsored persons. The sponsoring group promise(s) 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 sponsoring group's 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 sponsoring group.

**J - DECLARATION BY THE SPONSORING GROUP**

- i) I declare that the information provided is to the best of my knowledge true, complete and accurate.
- ii) I am not in default of any other sponsorship undertaking(s).
- iii) I am not in default of any immigration loans.
- iv) We have made or will make adequate arrangements in the expected community of settlement for the reception and settlement of the persons identified in this undertaking, as evidenced in the Settlement Plan - IMM 5440.
- v) We have sufficient financial resources and expertise to fulfill this undertaking.
- vi) 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).
- vii) I understand that any false statements or concealment of any material fact may result in, but are not limited to, the following consequences:
- refusal to approve this undertaking or future undertakings;
  - cancellation of the existing Sponsorship Agreement;
  - refusal of the sponsored application for permanent residence;
  - exclusion or removal from Canada of the sponsored individuals;
  - prosecution or other enforcement action.
- viii) I understand that the sponsorship undertaking constitutes a financial obligation that could result in collection action should there be a breach of that obligation.

Each party to the sponsorship must provide her/his signature. Add additional pages as required.

1	SAH/CG Group representative	Signature	Date	D	M	Y
2	Cosponsor - Individual (if applicable)	Signature	Date	D	M	Y
3	Cosponsor - Organization (if applicable)	Signature	Date	D	M	Y

**FOR CIC USE ONLY**

CIC name									
Officer name				Officer signature					
Telephone no.	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 Sponsorship Agreement Holders and Constituent Groups 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.**