



**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

A - SPONSORSHIP AGREEMENT HOLDER (completion of this section is mandatory)

Name of Sponsorship Agreement Holder			Date of birth D M Y			FOR CIC USE ONLY Client ID no.					
SAH representative - Surname (family name)		Given name(s)		Address (no. and street)			Apt./Unit				
City		Province			Postal code						
Home telephone no. Area code No.		Business telephone no. Area code No.		Fax no. Area code No.		E-mail address					

B - CONSTITUENT GROUP (if applicable)

Name of Constituent Group			Date of birth D M Y			FOR CIC USE ONLY Client ID no.					
Group representative - Surname (family name)		Given name(s)		Address (no. and street)			Apt./Unit				
City		Province			Postal code						
Home telephone no. Area code No.		Business telephone no. Area code No.		Fax no. Area code No.		E-mail address					

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

Surname (family name)		Given name(s)		Date of birth D M Y			FOR CIC USE ONLY Client ID no.				
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.		Fax no. Area code No.		E-mail address					
Have you signed any other sponsorship undertaking? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please 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			FOR CIC USE ONLY Client ID no.						
Group representative - Surname (family name)		Given name(s)			Date of birth 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.		Fax no. Area code No.		E-mail address					
Have you signed any other sponsorship undertaking? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please 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.		Fax no. Area code No.		E-mail address			

F - REFUGEE APPLICANTSFor a visa office-referred sponsorship, check this box and attach the Refugee Profile. ☐

1	Principal Refugee Applicant Surname (family name)	Given name(s)	Marital status		FOR CIC USE ONLY
Date of birth D M Y		Sex <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	FOR CIC USE ONLY
Date of birth D M Y		Sex <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	FOR CIC USE ONLY
Date of birth D M Y		Sex <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	FOR CIC USE ONLY
Date of birth D M Y		Sex <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	FOR CIC USE ONLY
Date of birth D M Y		Sex <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	FOR CIC USE ONLY
Date of birth D M Y		Sex <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 address

G - MULTIPLE UNDERTAKINGS (if more than three, attach a separate page)

NAMES OF OTHER PRINCIPAL APPLICANTS LINKED TO THIS UNDERTAKING	DATE OF BIRTH	FOR CIC USE ONLY
	D M Y	
		Client ID no.

H - RELATIVES OF THE REFUGEE APPLICANT(S) 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. and street)			City/Town	
Province	Postal code	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. and street)			City/Town	
Province	Postal code	Telephone no.	Area code	No.

I - IMM 0008 DISTRIBUTION OPTIONS

Check applicable box:

- ☐ 1. Visa office sends IMM 0008 to refugee applicant
- ☐ 2. Sponsoring group sends IMM 0008 to refugee applicant
- ☐ 3. Local CIC submits completed IMM 0008 and approved undertaking to visa office.

J - 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.

K - 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 provide on this form is collected under the authority of the *Immigration Act* and will be used to maintain a record of application and Sponsorship Undertakings by Sponsorship Agreement Holders and Constituent Groups. This information will be retained in the Personal Information Bank EIC PPU 315 entitled Sponsors of Refugees and Other Special Classes Local Groups. Under the provisions of the *Privacy Act* and the *Access to Information Act*, and 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.