



UNDERTAKING/APPLICATION TO SPONSOR/SPONSORSHIP AGREEMENT HOLDERS AND CONSTITUENT GROUPS
UNDERTAKING TO SPONSOR CONVENTION REFUGEES ABROAD AND HUMANITARIAN-PROTECTED PERSONS ABROAD

If there is not enough space to provide all the necessary information, attach to this form a separate sheet of paper with further details. Print the private sponsor's name and the principal applicant's name at the top of each additional sheet and indicate the form's title and the number of the question you are answering.

FOR CIC USE ONLY

CIC File Identification No.

Principal Applicant ID No.

Name of Principal Refugee Applicant

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

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

Name of Sponsorship Agreement Holder (SAH)				FOR CIC USE ONLY	
				Client ID no.	
SAH representative - Surname (family name)		Given name(s)		Date of birth <input type="text"/> Y <input type="text"/> M <input type="text"/> D	
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)					
Address (no. and street)		Apt./Unit	City	Province	Postal code
Home telephone no. Area code No.	Business or cell 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 (CG)				FOR CIC USE ONLY	
				Client ID no.	
Group representative - Surname (family name)		Given name(s)		Date of birth <input type="text"/> Y <input type="text"/> M <input type="text"/> D	
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)					
Address (no. and street)		Apt./Unit	City	Province	Postal code
Home telephone no. Area code No.	Business or cell 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)		FOR CIC USE ONLY	
				Client ID no.	
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)					
Date of birth <input type="text"/> Y <input type="text"/> M <input type="text"/> D		Relationship to principal refugee applicant (if applicable)			
Address (no. and street)		Apt./Unit	City	Province	Postal code
Home telephone no. Area code No.	Business or cell telephone no. Area code No.	Ext.	Fax no. Area code No.	E-mail address (specify, if available)	
Have you signed any other undertaking to sponsor refugees or 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)		FOR CIC USE ONLY	
		<input type="checkbox"/> SAH <input type="checkbox"/> CG <input type="checkbox"/> Other (specify) <input type="text"/>		Client ID no.	
Group representative - Surname (family name)		Given name(s)			
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)					
Date of birth <input type="text"/> Y <input type="text"/> M <input type="text"/> D		Relationship to principal refugee applicant (if applicable)			
Address (no. and street)		Apt./Unit	City	Province	Postal code
Home telephone no. Area code No.	Business or cell telephone no. Area code No.	Ext.	Fax no. Area code No.	E-mail address (specify, if available)	
Has 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

<p>Check the box to indicate who will be the main contact person with CIC:</p> <p> <input type="checkbox"/> (A) SAH representative <input type="checkbox"/> (B) Constituent Group Representative <input type="checkbox"/> (C) Cosponsor Individual <input type="checkbox"/> (D) Cosponsor Organization </p> <p> <input type="checkbox"/> Other <input type="checkbox"/> If different from above, write the complete name and contact details of this person. </p>											
Surname (family name)					Given name(s)						
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)					Relationship to principal refugee applicant						
Address (no. and street)				Apt./Unit		City		Province		Postal code	
Home telephone no. Area code No.			Business or cell telephone no. Area code No. Ext.			Fax no. Area code No.			E-mail address (specify, if available)		

F - REFUGEE APPLICANTS

Note: include both Accompanying and Non-Accompanying family members or dependents.

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

1	Principal Refugee Applicant Last name (surname/family name)				Given name(s)				FOR CIC USE ONLY				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth Y M D		Place of birth		Country of birth				Principal Applicant ID no. 			
Country of citizenship						Marital status							
2	Refugee Applicant Last name (surname/family name)				Given name(s)				FOR CIC USE ONLY				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth Y M D		Place of birth		Country of birth				Principal Applicant ID no. 			
Country of citizenship				Marital status				Relationship		<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			
3	Refugee Applicant Last name (surname/family name)				Given name(s)				FOR CIC USE ONLY				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth Y M D		Place of birth		Country of birth				Dependant ID no. 			
Country of citizenship				Marital status				Relationship		<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			
4	Refugee Applicant Last name (surname/family name)				Given name(s)				FOR CIC USE ONLY				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth Y M D		Place of birth		Country of birth				Dependant ID no. 			
Country of citizenship				Marital status				Relationship		<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			
5	Refugee Applicant Last name (surname/family name)				Given name(s)				FOR CIC USE ONLY				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth Y M D		Place of birth		Country of birth				Dependant ID no. 			
Country of citizenship				Marital status				Relationship		<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			
6	Refugee Applicant Last name (surname/family name)				Given name(s)				FOR CIC USE ONLY				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth Y M D		Place of birth		Country of birth				Dependant ID no. 			
Country of citizenship				Marital status				Relationship		<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			
7	Refugee Applicant Last name (surname/family name)				Given name(s)				FOR CIC USE ONLY				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth Y M D		Place of birth		Country of birth				Dependant ID no. 			
Country of citizenship				Marital status				Relationship		<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			
8	Refugee Applicant Last name (surname/family name)				Given name(s)				FOR CIC USE ONLY				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth Y M D		Place of birth		Country of birth				Dependant ID no. 			
Country of citizenship				Marital status				Relationship		<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			

Country	Telephone no.	E-mail address

G - MULTIPLE UNDERTAKINGS

[illegible]

H - RELATIVES OF THE REFUGEE APPLICANT(S) LIVING IN CANADA If more than five 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.
3	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.
4	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.
5	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.

Note: If you are sponsoring a Visa Office-Referred (VOR) case, you do not need to complete this section.

Note: Leaving this section blank will not lead to this form being returned or refused.

To the best of my knowledge, the principal refugee applicant meets the definition of **one** of the following:

<div>1</div> <div> <input type="checkbox"/> Convention Refugee Abroad Class </div>	<div> The applicant is outside his/her country (or countries) of nationality or not having a country of nationality, is outside the country of habitual residence <input type="checkbox"/> No <input type="checkbox"/> Yes </div> <div> ▶ If yes, the applicant has a well-founded fear of persecution <input type="checkbox"/> No <input type="checkbox"/> Yes </div> <div> ▶ If yes, the applicant is facing persecution based on: <div> <input type="checkbox"/> race, or <input type="checkbox"/> religion, or <input type="checkbox"/> nationality, or </div> <div> <input type="checkbox"/> membership in a particular social group, or <input type="checkbox"/> political opinion </div> </div>
<div>OR</div> <div>2</div> <div> <input type="checkbox"/> Country of Asylum Class </div>	<div> The applicant is outside his/her country/countries of nationality and habitual residence <input type="checkbox"/> No <input type="checkbox"/> Yes </div> <div> ▶ If yes, the applicant is and continues to be seriously and personally affected in each of those countries by: <div> <input type="checkbox"/> war, or <input type="checkbox"/> armed conflict, or </div> <div> <input type="checkbox"/> massive violation of human rights </div> </div>
<div>OR</div> <div>3</div> <div> <input type="checkbox"/> Source Country Class </div>	<div> The applicant resides in his/her country (or countries) of nationality or habitual residence <input type="checkbox"/> No <input type="checkbox"/> Yes </div> <div> ▶ If yes, write the country the applicant currently lives in (see list of countries in Schedule II of the Immigration and Refugee Protection Regulations) _____ </div> <div> <input type="checkbox"/> the applicant is being seriously and personally affected by <div> <input type="checkbox"/> war, or <input type="checkbox"/> armed conflict </div> </div> <div> <input type="checkbox"/> the applicant has been or is being detained or imprisoned with or without charges or subject to some other form of penal control, as a direct result of an act committed outside of Canada that would in Canada, be a legitimate expression of freedom of thought or legitimate exercise of civil rights pertaining to dissent or </div> <div> <input type="checkbox"/> the applicant has a well-founded fear of persecution based on: <div> <input type="checkbox"/> race, or <input type="checkbox"/> religion, or <input type="checkbox"/> nationality, or </div> <div> <input type="checkbox"/> membership in a particular social group, or <input type="checkbox"/> political opinion </div> </div>

[illegible]

Please answer the following questions to the best of your knowledge:

[illegible]

This undertaking makes clear the obligations of the sponsoring group in relation to the principal refugee applicant and all his/her family members whether accompanying or non-accompanying.

- Meet the refugee upon arrival in the community.

- Provide suitable accommodation, basic furniture and other household essentials.

- Food, clothing, local transportation costs and other basic necessities of life.

- 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. The refugees are supported for 12 months or until the sponsored refugees become self-sufficient. In exceptional cases, the 12-month time frame can be extended up to 36 months with the sponsor's agreement.

K - DECLARATION BY THE SPONSORING GROUP

- i) We declare that the information provided is to the best of our knowledge true, complete and accurate.
- ii) We are not in default of any other sponsorship undertaking(s).
- iii) We are 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 our ability, we 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) We 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) We 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 representative	Signature	Date	Y	M	D
2	CG Group representative (if applicable)	Signature	Date	Y	M	D
3	Cosponsor - Individual (if applicable)	Signature	Date	Y	M	D
4	Cosponsor - Organization (if applicable)	Signature	Date	Y	M	D

FOR CIC USE ONLY

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