

UNDERTAKING/APPLICATION TO SPONSOR - GROUPS OF FIVE
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	

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 name of the private sponsor and the principal refugee applicant at the top of each additional sheet and indicate the form's title and the number of the question you are answering.

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"/> Sponsoring group submits completed application for permanent residence and approved undertaking to local CIC Office
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A - Group name and representative

			FOR CIC USE ONLY				
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 ▶	Y	M	D	Client ID no.
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)							
Relationship to principal refugee applicant (if any)		Address (no. & 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	
Have you signed any other undertaking to sponsor refugees or 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 ▶	Y	M	D	FOR CIC USE ONLY
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)							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 or cell telephone no. Area code No. Ext.		Fax no. Area code No.		E-mail	
Have you signed any other undertaking to sponsor refugees or 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 ▶	Y	M	D	FOR CIC USE ONLY
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)							Client ID no.
Relationship to principal applicant (if any)		Address (no. & 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	
Have you signed any other undertaking to sponsor refugees or your family members? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If yes, provide details on separate page.							

B - Group members (continued)

4 Surname (Family name)		Given name(s)		Date of birth ▶ Y M D			FOR CIC USE ONLY		
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)							Client ID no.		
Relationship to principal applicant (if any)			Address (no. & 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			
Have you signed any other undertaking to sponsor refugees or 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 ▶ Y M D			FOR CIC USE ONLY		
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)							Client ID no.		
Relationship to principal applicant (if any)			Address (no. & 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			
Have you signed any other undertaking to sponsor refugees or your family members? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If yes, provide details on separate page.									

C - Refugee applicants**Note:** include both accompanying and non-accompanying family members or dependants.For visa office-referred sponsorship, check box and attach Refugee Profile.

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

C - Refugee applicants (continued)

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		

Complete mailing address of principal refugee applicant outside Canada (or contact person or organization outside Canada)

Country			Telephone no.			E-mail		
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D - Multiple undertakings

NAMES OF OTHER PRINCIPAL REFUGEE APPLICANTS LINKED TO THIS UNDERTAKING		Date of birth	FOR CIC USE ONLY
		Y M D _ _ _ _ _ _ _ _ _ _	Client ID no.
		Y M D _ _ _ _ _ _ _ _ _ _	
		Y M D _ _ _ _ _ _ _ _ _ _	
		Y M D _ _ _ _ _ _ _ _ _ _	
		Y M D _ _ _ _ _ _ _ _ _ _	

E - Relatives of Refugee applicants living in Canada. If more than four 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.		
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. & street)				City/Town		
Province		Postal code		Home 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. & street)				City/Town		
Province		Postal code		Home telephone no. Area code No.		

FOR CIC USE ONLY

CIC office									
Officer name						Officer signature			
Telephone	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 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.**