



If your application must be accompanied by proof of financial capacity, according to the *OPTION* that corresponds to your situation, this declaration must be completed and signed by any person who will be paying the expenses related to your study stay in Québec.

Child under age 17: _____
Family name and first name Date of birth (year/month/day)

I, the undersigned, _____
Family name and First name of the person taking financial responsibility for the student or child under age 17

Residing at _____
Number Street Apartment

City Province Postal Code Country

Declare that I am: a permanent resident a Canadian citizen other: _____
(Please specify)

And hereby commit to cover all costs related to the stay of this student or child under age 17 in Québec, and more specifically:

- to defray his costs of lodging, food, clothing, and personal necessities and/or to house him in my home, feed, clothe, and provide for personal necessities for him, at no cost to this student or child under age 17;
- to defray the costs of schooling fees and other expenses related to the studies, as required by the institution that he attends during his stay in Québec, including additional costs that apply to foreign students, if applicable;
- to defray his transportation costs in Québec, and from Québec to his country of origin or to another destination at the end of his stay in Québec;
- to subscribe to private medical and hospitalization insurance coverage in Québec in order to cover his medical expenses, and to maintain this insurance for his entire stay in Québec.

This commitment is valid for the duration of the Québec Acceptance Certificate (CAQ) for studies.

I understand that the minister may :

- confirm, or have a third party confirm, the accuracy of information provided, and that I am breaking the law and am liable to a penalty if I give the *Ministère de l'Immigration et des Communautés culturelles*, an inquiry officer or reviewer any information that I know or should know is false or misleading with respect to an application for a CAQ;
- refuse any application that contains false or misleading information or document;
- refuse to consider an application for a certificate from a person who has provided false or misleading information or documentation within the past five years relative to an application under the Act respecting Immigration to Québec;
- cancel a CAQ if the application contains false or misleading information or document, when the certificate was issued by mistake, or if the conditions required for the issue cease to exist.

In witness whereof, I have signed in _____ on _____
City Country Date (year/month/day)

Signature