



When your application must be accompanied by proof of financial capacity, according to the *OPTION* corresponding to your situation, this declaration must be completed and signed by any person who will assume the costs related to your study period in Québec.

Student or minor\*: \_\_\_\_\_  
First and last name Date of birth (year/month/day)

I, the undersigned, \_\_\_\_\_  
Full name of the person taking care of the student or minor

Resident at \_\_\_\_\_  
Number Street Apartment

\_\_\_\_\_ City Province Postal Code Country

Who has the status of:    permanent resident    Canadian citizen    other: \_\_\_\_\_  
(Specify)

I hereby undertake to assume all costs related to the stay in Québec of the student or minor identified above, specifically:

- his or her expenses for lodging, food, clothing and personal necessities, or to provide him or her with free lodging in my home and food, clothing and personal necessities;
- tuition fees and other fees related to the studies required by the educational institution attended in Québec, including, if applicable, the additional tuition fees applicable to foreign students;
- transportation costs in Québec and from Québec to their country of origin or to another destination at the end of their stay in Québec;
- to take out private health and hospitalization insurance in Québec to cover his or her medical expenses and to maintain this insurance for the duration of the stay in Québec, unless the minor child or student is already covered by a health and hospitalization insurance valid in Québec or by the Régie de l'assurance maladie du Québec.

\* For the International Student Program, the student is considered to be an adult from the age of 17.

This commitment is valid for the duration of the Certificate of Acceptance of Quebec (CAQ) requested.

I understand that the Minister may:

- verify or have verified by third parties the accuracy of the information provided and, in the event that I communicate to the Ministry, investigator or verifier any information that I know or should have known to be false or misleading in relation to an application for selection, I understand that I am committing an offence and that I am liable to a fine;
- reject any application that contains false or misleading information or documents;
- refuse to consider an application for a certificate from a person who has provided false or misleading information or documents within the past five years, in connection with an application under the Loi sur l'immigration au Québec (Québec Immigration Act);
- cancel a CAQ when the application contained false or misleading information or documents, when the certificate was issued in error, or when the conditions required for its issuance cease to exist.

In witness whereof, I have signed at \_\_\_\_\_  
City Country on the \_\_\_\_\_  
Date (year/month/day)

\_\_\_\_\_  
Signature