



CIC Office File:
Visa Office File:
Date:



This form to be used when Principal Applicant has NOT been Landed in Canada

REQUEST TO ADD DEPENDANT(S) TO A PRIVATE SPONSORSHIP UNDERTAKING

Undertaking # _____ is currently in process at the Canadian Visa Office in _____ for a private sponsorship submitted by your organization for the individual identified below:

PRINCIPAL APPLICANT

Last name (surname/family name)	Given name(s)	Date of birth (YYYY-MM-DD)
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The Principal Applicant has disclosed he/she is married to and/or has the following dependent children:

DEPENDANT(S)

Last name (surname/family name)	Given name(s)	Sex		Date of birth (YYYY-MM-DD)	Relationship to principal applicant	Country of birth
		M	F			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

Does your organization agree to sponsor the additional dependant(s) indicated above? Yes No

If **YES** - we will require signatures from the representatives of the appropriate sponsorship group (Sponsorship Agreement Holder, Constituent Group, Group of Five, Community Sponsor or the Cosponsor). If **NO** - please provide rationale for the negative response.

Rationale

Please sign, date and return this letter to the above address indicating your acceptance or refusal.

FOR SAH/CG:

SAH representative name (print name)	Signature	Date (YYYY-MM-DD)
CG representative name (print name)	Signature	Date (YYYY-MM-DD)

FOR GROUPS OF FIVE:

Member 1 name (print name)	Signature	Date (YYYY-MM-DD)
Member 2 name (print name)	Signature	Date (YYYY-MM-DD)
Member 3 name (print name)	Signature	Date (YYYY-MM-DD)
Member 4 name (print name)	Signature	Date (YYYY-MM-DD)
Member 5 name (print name)	Signature	Date (YYYY-MM-DD)

Note: All five group members are required to sign this form.

FOR COMMUNITY SPONSORS:

CS representative name (print name)	Signature	Date (YYYY-MM-DD)
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FOR CO-SPONSORS:

Co-sponsor name (print name)	Signature	Date (YYYY-MM-DD)
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