

VERIFICATION OF SPONSORSHIP REQUEST

Please complete as much information as is available and send by FAX to:
CPC MISSISSAUGA at (905) 803-7833

The collection, use and disclosure of personal information is subject to the provisions of the <i>Freedom of Information and Protection of Privacy Act</i> .			
PROVINCIAL REQUESTOR			
REQUESTING OFFICE CODE AND OFFICE NAME			DATE (YYYY MMM DD)
PHONE NUMBER		FAX NUMBER	
CASE ID NUMBER			
MINISTRY STAFF : PLEASE ENSURE THAT THE IMMIGRATION SCREEN HAS BEEN COMPLETED (UPDATED WITH CORRECT SPONSORSHIP INFORMATION) FOR EACH SPONSORED PERSON ON THIS CASE.			
INFORMATION ON SPONSOR			
FAMILY NAME		GIVEN NAMES	DATE OF BIRTH (YYYY MMM DD)
LAST KNOWN ADDRESS		CURRENTLY ON PROVINCIAL ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		PHONE NUMBER	
INFORMATION ON SPONSORED FAMILY CLASS MEMBER			
SPONSORED FAMILY CLASS MEMBER (IMMIGRANT)		FAMILY NAME GIVEN NAMES	
DATE OF BIRTH (YYYY MMM DD)		RELATIONSHIP TO SPONSOR	
DATE OF ARRIVAL / LANDING IN CANADA (YYYY MMM DD)			
RECORD OF LANDING (IMM 1000) NUMBER / CIC CLIENT ID NUMBER:			
[IF AVAILABLE, PROVIDE A COPY OF THE RECORD OF LANDING (IMM 1000) OR A COPY OF THE CONFIRMATION OF PERMANENT RESIDENCE DOCUMENT WITH A COPY OF THE PERMANENT RESIDENT CARD]			
NAME(S) OF DEPENDENT(S) AND FAMILY RELATIONSHIP TO IMMIGRANT (SPOUSE, SON, DAUGHTER, ETC.) DATE OF BIRTH AND IMM 1000 / CIC CLIENT ID NUMBER (IF AVAILABLE)			
1. NAME		1. NAME	
RELATIONSHIP		RELATIONSHIP	
DATE OF BIRTH (YYYY MMM DD)	IMM 1000 / CIC CLIENT ID NUMBER	DATE OF BIRTH (YYYY MMM DD)	IMM 1000 / CIC CLIENT ID NUMBER
1. NAME		1. NAME	
RELATIONSHIP		RELATIONSHIP	
DATE OF BIRTH (YYYY MMM DD)	IMM 1000 / CIC CLIENT ID NUMBER	DATE OF BIRTH (YYYY MMM DD)	IMM 1000 / CIC CLIENT ID NUMBER
OTHER INFORMATION			