

SECTION 5 DECLARATION AND COMMITMENTS (mandatory)

I declare that the information contained in this application and the appended documents is complete and accurate.

I acknowledge that I have read the notice on the protection of personal information in Section 4 of this form.

I understand that the *Ministère de l'Immigration et des Communautés culturelles* 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, 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.

I pledge to pursue the program or the level of studies indicated in this application.

I pledge to make my studies my principal activity (full-time studies)¹.

I also pledge to maintain, throughout my study stay in Québec, medical and hospitalization insurance² for myself and each of the members of my family who are accompanying me, where applicable.

25. In witness whereof, I have signed in _____ on the _____
City Country Year / Month / Day

Signature of applicant: _____
(See instructions)

Signature of the father, mother or legal guardian: _____
(If the applicant is a child under age 18)

SECTION 6 AUTHORIZATIONS (optional)

Subject to the exceptions provided for by the Act respecting Access to documents held by public bodies and the Protection of personal information (R.S.Q., c. A-21), the *Ministère de l'Immigration et des Communautés culturelles* is not authorized to communicate any of your personal information without your consent.

If you wish to allow certain individuals or organizations to access this information, you must authorize the Ministère to release it to them. The same applies for a person who you wish to authorize to represent you in this process. Therefore, the following sections are used to identify the information that can be released, and to indicate the individuals or organizations that are authorized to receive it. (See instructions)

These authorizations are optional. Failure to complete them will not affect the processing of your application for a CAQ for studies. If you choose not to use these authorizations, please cross out this page.

¹ Temporary workers and members of their family, asylum seekers and members of their family as well as members of the family of foreign students are exempted from this condition.

² The student and his family who benefit from medical and hospitalization insurance in Québec under a social security agreement are considered to comply with this commitment.