CUSTODIANSHIP DECLARATION -CUSTODIAN FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION															
Family nam	e (Surname) (as shown on	Given name(s) (as shown on passport/	Citizenship)	Date of birth		Gender								
passport/tra	vel document)	travel document)			Y	M D	F Female								
					1	i 1 i	r remale								
Full name a	nd complete address of the so	chool in Canada				M Male									
							X Another gender								
Address wh	ere student will reside while ir	n Canada													
PARENTS/GUARDIANS INFORMATION (Preferably from both parents/guardians)															
PARENTS	GUARDIANS INFORMA	Yuardian 2													
		Parent/Guardian 1		Parent/Guardian 2 Family name (Surname) (as shown on passport/travel Clipp name(s) (as shown on passport/tra											
Full name	Family name (Surname) (as shown on p document)	passport/travel Given name(s) (as shown on passport	/travel document)	document) (as	s shown on passport/travel	Given name(s) (as s	n name(s) (as shown on passport/travel document)								
Date of		Y M D			Υ	M D									
birth															
Home															
address															
Telephone number															
CUSTODIAN INFORMATION Family name (Surname) (as shown on passport/ Given name(s) (as shown on passport/travel Status in Canada Date of birth															
travel docur	e (Surname) (as shown on pa nent)	document) Given name(s) (as shown or document)	i passport/tra	· I —	n canada Canadian citizen	Date of b									
araver accur	nenty	dodamenty			Permanent resident	·									
Home addre	200			<u> </u>	emanent resident	Talanhan									
Tiorne addre	555					Telephor	ie no.								
		confirms that the notary public has received	ed evidence	that the custodian is a	Canadian citizen or a	a permanent res	ident, is over 19 years of								
age, and c	urrently resides at the home a	duress stated above.													
Ι,		(full name of custodian)	, hereby sole	mnly declare that I wil	I undertake the full cu	stodianship for t	he said student,								
		(full name of student) du	ring their etay	in Canada while und	or the ego of majority	in the province	in which thou								
(full name of student), during their stay in Canada, while under the age of majority in the province in which they reside. As a custodian, I have made the necessary arrangements for the care and support of the said student in place of the parents as appropriate. By signing this custodian															
		a reasonable distance of the student's inte													
an emerge	ncy.														
				Year Month	Day										
Signature of custodian Date															
Sworn befo	ore me at:	(city), in the province of	(city), in the province of				country (if applicable).								
This	day of	(month) , (ye	ar)												
	aay or	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/-												
	Signa	ture of notary	OFFICIAL SEAL OF NOTARY PUBLIC												



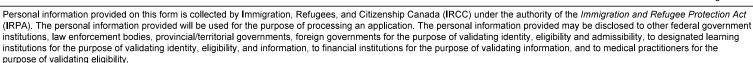


CUSTODIANSHIP DECLARATION PARENTS/GUARDIANS FOR MINORS STUDYING IN CANADA

STUDENT	INFORMATION																	
Family name (Surname) (as shown on passport/travel document) Given name travel document			` ' '	hown on passport/	Citizenship)	Date of birth Y					М	Γ		Gender F Female			
Full name a	and complete address of the	e school in Car	nada						1 1	<u> </u>		ı				Male Anothe	gender	
Address wh	ere student will reside while	e in Canada																
PARENTS	/GUARDIANS INFORM	IATION (Pre	ferably fr	om both parents	s/guardians	;)												
	Eamily name (Cyrnama) (as shown		Guardian 1	Parent/Guar							an 2							
Full name	Family name (Surname) (as shown document)	on passpon/travei	Given name	e(s) (as shown on passport/f	travel document)	Family name (Surname) (as shown on passport/travel document)						Given name(s) (as shown on passport/travel document)						
Date of birth	1	Y 1 1 1	М	D 						Y		· м		D I				
Home address																		
Telephone number																		
CUSTODI	AN INFORMATION																	
Family name (Surname) (as shown on passport/ travel document)			Given name(s) (as shown on passport/travidocument)			/el	Status in Canada Canadian citizen Permanent resident						Date of birth Y M D					
Current res	idential address												Tele	phone	no.			
My/Our ch	=	the appointed		in the school	•		(plea	ase pr	ovide r	name :	and ir	ndicate	e relat	ionshi	p)			
with another person: I/We, and								(please provide name and indicate relationship). (full names of parents/guardians).										
· —	s/guardians of the said stud	lent,		anu		(full name	e of stu	dent),	`				ŭ		<i>3)</i> ,			
signing th	/ reside. I have made the n is custodian agreement, I/V ol and will be able to fulfil the	Ve affirm that I	ngements for am/we are	satisfied the above	port of the sa e appointed o	id student s ustodian res	uch tha	t the c	custodi	ian sh	ould a	act in t	the pla	ace of	me/us,	the pare	ents. By	
			Ye	ear Month D	Day									Yea	r	Month	Day	
Signature of parent/guardian (1)			Date			Signature of parent/guardian (2)						L Date						
Sworn before me at:						(province/territory),							country (if applicable).					
This	day of		(month),(yea	ar) .													
								_	veero.	A1 0-	- 41 -	VE NO	.T.A.D.	/ D	ı IC			
	Sic	nature of not	ary					C)FFICI	AL SE	:AL C) F NO	IAKY	r PUB	_IU			



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Personal information may also be used for other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, subsequent program eligibility, and strategy development and reporting.

Failure to complete the form in full may result in a delay or the application not being processed. The *Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the <u>Office of the Privacy Commissioner of Canada</u>. The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank – IRCC PPU 051.

