Immigration, Francisation et Intégration Québec 🐯 🐯

Declaration of financial support

Ministère de l'Immigration, de la Francisation et de l'Intégration

If your application must be accompanied by proof of financial capacity, according to the OPTION that corresponds to your situation, this declaration must be completed and signed by any person who will be paying the expenses related to your study stay in Ouebec.

Student or minor child:	Akyena, Kwaku Family name and First name			1999-09-01 Date of birth	
I, the undersigned	Akyena-Brantuo, George Family name and First name of the person taking financial responsibility for the student or minor child				
residing at	50	OLD A	SHONGMAM	571	
,	No.	Street			Apt.
	KWABENYA		GHANA		O0233
	City		Country	25.41	Postal Code
Who am:	a permanent resid	ent of Canada	a Canadian citiz		
	Other nationality /	citizenship -	(specify)		
			(,		
 to defray the during his st to defray his stay in Quél to subscribe to maintain This commitme 	eay in Québec, including transportation costs in bec; to private medical and this insurance for his ea int is valid for the duration at the minister may:	es and other ex g additional cos Québec, and f I hospitalization ntire stay in Qu on of the Québe	repenses related to to the sthat apply to foreign rom Québec to his con insurance coverage ébec. ec Acceptance Certi	ne studies, as requir gn students, if applic ountry of origin or to e in Québec in order ficate (CAQ) for stud	another destination at the end of his to cover his medical expenses, and ies.
penalty if I know or sh	give the Ministère de l'I ould know is false or m	mmigration de isleading with r	espect to an applica	tion for a CAQ;	n breaking the law and am liable to ficer or reviewer any information that
 refuse any 	application that contain	s talse or misie	ading information of	uocument,	t tales as mislanding information t
documenta	ation within the past five	years relative	to an application und	der the Act respecting	I false or misleading information of glimmigration to Québec;
	CAQ if the application	contains false ed for the issue	or misleading information or control of the control	mation or document	, when the certificate was issued t
 cancel a (mistake, o 	r if the conditions requi				
mistake, o	LWABENYA		A	on the	2002 / 11 / 17 Year / Month / Day
mistake, o Signed in		G ₁ A ₁ A ₁	A	on the	2022 / 11 / 17 Year / Month / Day