



ELIGIBILITY AND STATUTORY DECLARATION ATTESTING TO THE INTENTION OF A CANADIAN CITIZEN OR PERMANENT RESIDENT OF CANADA (ANCHOR) TO SUPPORT A FOREIGN NATIONAL AFFECTED BY THE CONFLICT IN SUDAN

This declaration must be completed and signed by a Canadian citizen or Permanent Resident of Canada (also referred to in this form as the "anchor"), 18 years or older, residing in Canada, who wishes to support a foreign national affected by the conflict in Sudan to come to Canada permanently as per the Temporary Public Policy to facilitate permanent residence to certain *foreign nationals affected by the conflict in Sudan with family in Canada*. The anchor must complete and sign this form by solemn declaration in the presence of a person who, by law, is authorized to receive a solemn declaration.

SECTION A - PERSONAL INFORMATION OF THE CANADIAN CITIZEN OR PERMANENT RESIDENT (ANCHOR)

Family name (as shown on valid Canadian federal or provincial Government ID) ALI		Given name(s) (as shown on valid Canadian federal or provincial Government ID) HALA SHARAFELDIN MIRGHANI	
UCI (if applicable) 1104568889	Place of birth (city and country) BAHRI, SUDAN	Date of birth (YYYY-MM-DD) 1986-09-16	Status in Canada (Canadian Citizen, Permanent Resident, other) CANADIAN CITIZEN
RESIDENTIAL ADDRESS			
110 DONOVAN HIEGHTS Apartment or Unit number Street number Street name			
City MILTON		Province or Territory ONTARIO	Postal code L9T 0R4
E-mail address hala_sh9@yahoo.com			Telephone number 437-997-3339

SECTION B - PERSONAL INFORMATION OF PRINCIPAL APPLICANT (FOREIGN NATIONAL)

Family name (as shown on passport/travel document) ALI		Given name(s) (as shown on passport/travel document) ALHAJ SHARAFELDIN MIRGHANE	
UCI (if applicable and known)	Place of birth (City and Country) KARARI, SUDAN	Country of Citizenship (as shown on passport/travel document) SUDAN	Date of birth (YYYY-MM-DD) 1998-03-31
Identity/Travel Document (if applicable)			
<input checked="" type="checkbox"/> Passport <input type="checkbox"/> Refugee Travel Document <input type="checkbox"/> National ID document <input type="checkbox"/> Other (please specify): _____			
Travel Document Number (if known) P11002153			

SECTION C - PERSONAL INFORMATION OF THE FOREIGN NATIONAL SPOUSE OR COMMON-LAW PARTNER

Fill out this section only if your child, grandchild, parent, grandparent, sibling is unable to leave Sudan, or is missing or presumed deceased and their spouse or common-law partner is the principal applicant. A document demonstrating that your relative is unable to leave Sudan, or is missing or presumed deceased, is required.

Family name (as shown on passport/travel document)		Given name(s) (as shown on passport/travel document)	
UCI (if applicable and known)	Place of birth (City and Country)	Country of Citizenship (as shown on passport/travel document)	Date of birth (YYYY-MM-DD)

SECTION D - PERSONAL INFORMATION OF ACCOMPANYING FAMILY MEMBERS

Fill out this section only if your child, grandchild, parent, grandparent, sibling is unable to leave Sudan, or is missing or presumed deceased and their spouse or common-law partner is the principal applicant. A document demonstrating that your relative is unable to leave Sudan, or is missing or presumed deceased, is required.

Family Name (as shown on passport/travel document)	Given name(s) (as shown on passport/travel document)	Relationship to principal applicant	Date of birth (YYYY-MM-DD)

SECTION E – ANCHOR ELIGIBILITY

If you answer 'No' to any questions from 1 – 5, you are not eligible to be an anchor. You cannot act as an anchor.

- | | | |
|---|--------------------------------------|--------------------------|
| 1. Are you 18 years of age or older? | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 2. Are you a Canadian citizen or permanent resident? | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 3. Do you reside in Canada? | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 4. Do you reside outside the province of Quebec? | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 5. Do you, and you spouse or common-law partner if applicable, meet the minimum necessary income or minimum necessary funds or a combination of both as described in Section J of the Instruction Guide | <input checked="" type="radio"/> Yes | <input type="radio"/> No |

If you answer 'Yes' to any question from 6 – 15, please provide details in the 'Explanation' section below

- | | | |
|---|---------------------------|-------------------------------------|
| 6. Have you received or will you receive any financial compensation from the foreign national and their accompanying family members? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 7. Are you subject to a removal order in Canada? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 8. Are you subject of an application to revoke your Canadian Citizenship? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 9. Are you detained in any penitentiary, jail, reformatory or prison? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 10. Have you been convicted in Canada of the offence of murder or an offence set out in Schedule I or II to the Corrections and Conditional Release Act ? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 11. Have you been convicted outside Canada of an offence that, if committed in Canada, would constitute an offence referred to in question 10 above? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 12. Are you late in making a required payment on an immigration loan, a performance bond or an any other amounts you agreed to pay under Canadian immigration legislation, and have not made arrangement to defer payments? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 13. Are you in default of any sponsorship undertaking or any support payment obligations ordered by or registered with a court? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 14. Are you an undischarged bankrupt under the <i>Bankruptcy and Insolvency Act</i> ? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 15. Are you in receipt of social assistance for a reason other than disability? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

Explanation – If you answered 'YES' to any question from 6 - 15, you MUST provide details below

Section F – COUNTRY OF RESIDENCE (ANCHOR)

Please provide a list of all countries you have lived in since your 18th birthday. Ensure all periods are accounted for and that there are no gaps during this timeframe

Country of Residence (City, Country)	From (YYYY-MM)	To (YYYY-MM)
MILTON, CANADA	2022-10	2024-02
MISSISSAUGA, CANADA	2017-02	2022-10
MEDIA, USA	2016-12	2017-02
OMDURMAN, SUDAN	2012-06	2016-12
DUBAI, UAE	2007-01	2012-06
OMDURMAN, SUDAN	1995-05	2007-01

Do you intend to include your spouse or common-law partner's income for the financial calculation?

☐ Yes ☒ No

SECTION J – ASSESSMENT OF FINANCIAL CAPACITY

1 A) Is your spouse or common-law partner also signing this statutory declaration?

☐ Yes
 ☒ No

1 B) What is your family size ?

Yourself (the anchor)	1	A
Your family members which include: <ul style="list-style-type: none"> • your spouse (even if you're separated, in most cases) or common-law partner • your dependent children • your spouse or common-law partner's dependent children • dependent children of your dependent children (your grandchildren) • dependent children of your spouse's or common-law partner's dependent children (your spouse or common-law partner's grandchildren) 	4	B
The people you want to support and their accompanying family members <ul style="list-style-type: none"> • principal applicant (foreign national) • principal applicant's spouse or common-law partner • dependent children of the principal applicant (and spouse or common-law partner, if applicable) • also include dependent children of the dependent children 	1	C
Any other person you (and the co-anchor, if you have one) have sponsored or acted as a co-signer in a sponsorship, where the undertaking is still in effect. <ul style="list-style-type: none"> • include family members (for example, spouse, common-law partner, or dependent children) of the person you sponsored or co-signed for, whether or not they were included in the undertaking 	0	D
Any other person you (and the co-anchor, if you have one) have submitted a statutory declaration to support foreign national(s) under this public policy, not included line C, that is in processing or approved, provided the period of declared intent to support has not expired.	0	E
Family size = (A + B + C+ D + E) – Total number of persons for the purpose of determining the minimum necessary income (MNI):	6	

2- Assessment of Financial CapacityPlease read the [instruction guide](#) for additional information on how to complete this section.

In this section you must enter the amount of money you and your spouse or common-law partner (if applicable) have available including your income and funds in-trust.

You need to demonstrate that you meet the financial requirement according to **only one of the following three options**, whichever will suit your situation.**Option A - Income**

	Amount (\$)	Line
Anchor income contribution (as per latest Notice of Assessment from Canada Revenue Agency)		A
Spouse or common-law partner income contribution (if applicable, as per latest Notice of Assessment from Canada Revenue Agency)		B
Total income (Line A + Line B)	0	C
Amount required as per your family size (Table 1 of the instruction guide)		D
Line C minus Line D - If the result is 0 or over, you meet the financial requirement as per option A. - If the result is less than 0, please use options B or C below.	0	E

Option B – Funds

	Amount (\$)	Line
Funds held in trust	10,000	A
Amount required as per your family size (Table 2 of the instruction guide)	9,900	B
Line A minus Line B - If the result is 0 or over, you meet the financial requirement as per option B. - If the result is less than 0, please use option C below.	100	C

Option C – Combination of income and funds

	Amount (\$)	Line
Anchor income contribution (as per latest Notice of Assessment from Canada Revenue Agency)		A

	Amount (\$)	Line
Spouse or common-law partner income contribution (if applicable, as per latest Notice of Assessment from Canada Revenue Agency)		B
Funds held in trust		C
Total (Lines A + B + C)	0	D
Amount required as per your family size (Table 1 of the instruction guide)		E
Line D minus Line E - If the result is 0 or over, you meet the financial requirement as per option C. - If the result is less than 0, you do not meet the financial requirement under this option.	0	F

SECTION K – DECLARATION OF EXTENDED FAMILY MEMBER (ANCHOR [AND CO-ANCHOR IF APPLICABLE])

OBLIGATION OF THE ANCHOR AND, IF APPLICABLE THE CO-ANCHOR ANCHOR

I confirm that I intend to support the person identified in Section B and their accompanying family members under the *Temporary public policy to facilitate permanent residence to certain foreign nationals affected by the conflict in Sudan with family in Canada*

I, HALA SHARAFELDIN MIRGHANI ALI, solemnly declare that I reside in Canada at the residential address indicated above in Section A,
(Name of the Anchor)

and that ALHAJ SHARAFELDIN MIRGHANE ALI is my:
(Name of principal applicant)

☐ child ☐ parent ☐ grandparent ☒ sibling/half-sibling ☐ Other specify: _____

- Meet them at the airport and transport to the final destination
- Assist with identifying temporary and permanent accommodation
- Provide orientation to life in Canada (e.g., public transportation, banking, shopping, rights and responsibilities, etc.)
- Provide financial support for their basic needs, including housing, food, clothing, and other basic necessities of life, as well as dental care, eye care and other health needs not covered by public health insurance
- Assist with coordinating with interpretation services
- Assist with enrolling in provincial and federal programs and benefits (e.g., healthcare, Social Insurance Number, Canada Child Benefit, Interim Federal Health Program)
- Provide orientation (e.g. public transportation, banking, shopping, rights and responsibilities, etc.)
- Assist to find family physician, dentist, eye care and with arrangements for any additional medical needs
- Assist with enrolling children in school, child care
- Assist with enrolling adults in language training
- Assist in accessing support services to find employment
- Assist in accessing Service Provider Organizations

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as a declaration made under oath.

HALA SHARAFELDIN MIRGHANI ALI

TYPE NAME (ANCHOR)

[Signature]
Signature

2024-02-27

Date (YYYY-MM-DD)

CO-ANCHOR (if applicable)

I confirm that I intend to support the person identified in Section B and their accompanying family members under the *Temporary public policy to facilitate permanent residence to certain foreign nationals affected by the conflict in Sudan with family in Canada*

I, _____, solemnly declare that I reside in Canada at the residential address indicated above in Section A,
(Name of the Co-Anchor)

and that _____ is my:
(Name of principal applicant)

☐ child ☐ parent ☐ grandparent ☐ sibling/half-sibling ☐ Other specify: _____

- Meet them at the airport and transport to the final destination
- Assist with identifying temporary and permanent accommodation

- Provide orientation to life in Canada (e.g., public transportation, banking, shopping, rights and responsibilities, etc.)
- Provide financial support for their basic needs, including housing, food, clothing, and other basic necessities of life, as well as dental care, eye care and other health needs not covered by public health insurance
- Assist with coordinating with interpretation services
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- Assist with enrolling children in school, child care
- Assist with enrolling adults in language training
- Assist in accessing support services to find employment
- Assist in accessing Service Provider Organizations



I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as a declaration made under oath.

TYPE NAME (CO-ANCHOR)

Signature

Date (YYYY-MM-DD)

SECTION L - DECLARATION OF CANADIAN AUTHORIZED OFFICIAL

Family name SAFAR		Given name AMNA	
Occupation <input checked="" type="checkbox"/> Commissioner for Oaths <input type="checkbox"/> Justice of the peace <input type="checkbox"/> Lawyer <input checked="" type="checkbox"/> Notary public <input type="checkbox"/> Consular officer of the Government of Canada			
BUSINESS ADDRESS			
Apartment or Unit number 210	Street number 450	Street name BRONTE STREET SOUTH	
City MILTON		Province or Territory ONTARIO	Postal code L9T 8T 2
E-mail address INFO @ LEGALYARD.CA			Telephone number 416 725 3147
DECLARATION - declared before me			
Solemn declaration <div style="display: flex; justify-content: space-between;"> <div>Signed at - City and Province/Territory MILTON, ONTARIO</div> <div>Signature </div> <div>Date (YYYY-MM-DD) 2024-02-27</div> </div>			
<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;">  </div> <div style="flex: 2;"> <p>Amna Safdar Paralegal & Notary Public Legal Yard Paralegals PC D: 416.725.3147 O: 905.636.5858 E: info@legalyard.ca LSO P17267 My commission is of unlimited duration.</p> <p>-I have not reviewed this document. -Witness as to signature only. (HALA SHARAFELDIN MIRGHANI ALI) -NO LEGAL ADVICE PROVIDED.</p> </div> </div>			

Privacy Notice/Disclosure

The information you provide on this form as well as on any accompanying documents is collected under the authority of the *Immigration and Refugee Protection Act*. It is required for the purpose of determining your eligibility to be an Anchor under this temporary public policy. By submitting this form, you consent to release to the Canadian government authorities of all records and information any government authority, including police, judicial and state authorities in all countries in which you have lived, may possess on your behalf. **You further consent to criminal background checks with appropriate law enforcement authorities.** The information may be shared with other organizations such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS) and foreign governments in accordance with the subsection 8(2) of the Privacy Act. Information may also be disclosed to foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. In accordance with the *Privacy Act* and the *Access to Information Act*, individuals have a right to protection of and access to their personal information.