

Sample attestation of genuineness for Labour Market Impact Assessment

Instructions

To demonstrate the ability of the business to fulfill terms of the job offer to the temporary foreign workers, employers have the option to submit an attestation from an official (account manager, branch manager or above who has delegated signing authority) from a financial institution that's federally or provincially regulated.

The attestation should generally include the following:

- the official/corporate letterhead of the financial institution
 - the date and the signature of the official from the financial institution with delegated signing authority
 - the signee's contact information, such as phone number, email address, job title, professional designation (if applicable), membership ID (if applicable)
 - a clear and specific attestation on whether the employer has the financial ability to meet the Temporary Foreign Worker Program requirements, including wages for the temporary foreign workers and other financial obligations
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To the Temporary Foreign Worker Program,

I, the undersigned, occupying the function of _____ (position title) at _____ (name of company) am providing the attestation for the following business: _____ (name and address of business applying for the Labour Market Impact Assessment) under the Canada Revenue Agency (CRA) payroll account number of _____ (15 digits).

At the request of the above business, I hereby attest that the business is in good financial standing and can be expected to meet all financial obligations to any and all temporary foreign workers being requested in this application for the entire duration of their employment.

I confirm that the above attestation is provided based on my professional experience working with the company and my solid knowledge of their financial situation.

Please feel free to reach out if you have any questions about this attestation.

Date: _____

Sincerely,

_____ [signature of signee]

_____ [printed name of signee]

_____ [title of signee, with professional designation or
membership ID, if applicable]

_____ [contact phone number]

_____ [email address]