



**Government of Saskatchewan  
Immigration Branch**

**SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)**

**AFFIDAVIT OF ENGLISH/FRENCH LANGUAGE ABILITY**

**(This form must be completed if your proposed employee's first language is not English or French)**

I, \_\_\_\_\_ of \_\_\_\_\_,  
*(Name)* *(Company Name)*

\_\_\_\_\_  
*(Address including City/Town, Province)* *(Telephone)*

**ATTEST THAT:**

**1. We have interviewed \_\_\_\_\_ and are satisfied**  
*(Applicant's Name)*  
**he/she has the English or French language ability sufficient to work in our**  
**company as \_\_\_\_\_.**  
*(Occupation)*

**2. I have assessed the applicant's language skills to the skills typically needed in the**  
**intended occupation in the following manner:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. It is our intention to help the applicant improve his English or French language**  
**skills in the following ways:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized person making affidavit*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*