

Fiche d'information lié	Demande de renouvellement d'une attestation d'admissibilité au Programme d'exemption d'impôt - stagiaires postdoctoraux - Établissements
Code l'établissement	N/A
Nom de l'établissement	N/A
Destinataire	N/A
Courriel du responsable	N/A
Statut de traitement	N/A

## Postdoctoral trainee

The purpose of this tax exemption measure is to increase the ability of Québec universities to attract or recruit foreign postdoctoral trainees in areas of expertise in which the universities are experiencing recruitment difficulties. This measure is applicable to the following areas of expertise: the pure and applied sciences and their related fields. The deadline to submit the application for certificate is before March 1<sup>st</sup>, 2023. After this date, the form will no longer available for current tax year.

### Application form for an Renewal of an Eligibility Certificate Tax Exemption Program

#### Foreign Postdoctoral Trainees

The employer must submit the application for renewal of the certificate before March 1<sup>st</sup>, 2023.

#### 1- Information on the applicant

Title:	Madam
Applicant's family name:	Moore
Applicant's given name:	Juliet
Date of birth (YYYY-MM-JJ) :	1996-04-15
Citizenship :	Australian
Permanent Social Insurance Number:	333 444 555
Country of birth:	Australia

#### 2 - Declaration by the eligible university or public research center concerning the

Trainee's name :	Juliet Moore
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We certify that this person was hired as a postdoctoral trainee and will work exclusively or almost exclusively in the field of pure or applied science or in a related field for the

establishment mentioned above from the date he or she was hired until the end of the year, or part of the year if there is a termination of employment. We undertake to inform the Ministère de l'Enseignement supérieur of any change to the postdoctoral trainee's employment situation.

Change in trainee's status since hiring:	(Specify nature and date of status change)
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### 3 - Signature

We declare that the information provided in this application is accurate and complete	(Field to be filled by UdeM Human Resources Department)
Name of the designated representative :	(Field to be filled by UdeM Human Resources Department)
Date (YYYY-MM-JJ) :	(Field to be filled by UdeM Human Resources Department)