



Un milieu en héritage

Our Heritage, Our Home

POWER OF ATTORNEY FORM

Done in: _____
City / Municipality

I, the undersigned _____ Residing at: _____
Name Address

Owner of the : _____
Address or matricule number or cadastre number

Gives power of attorney to: _____
Name or company

So that he/she may sign, on my behalf and in my name, the following forms and documents:

Please check the authorization you wish to grant:

Temporary Authorization: valid from _____ to _____
Date Date

Permanent Autorisation

(Signature of the proxy)

(Date : day / month / year)

(Signature of the proxy)

(Date : day / month / year)