

**APPOINTMENT OF AGENT AND POWER OF ATTORNEY**

*(Loan and Trust Companies Act, c. L-11.2 of the  
Acts of New Brunswick, 1987, ss. 193(2) and 211(9)(a))*

1. Name of extra-provincial company:

\_\_\_\_\_

"the company"

Company number:     N/A    

2. This appointment of agent and power of attorney relates to (***check one***):

the appointment of another agent under subsection 193(2) of the Act due to death, resignation or revocation of the appointment of an agent, or

the appointment of an agent accompanying an application for a first licence under subsection 211(9) of the Act.

**POWER OF ATTORNEY**

3. The Company in accordance with the *Loan and Trust Companies Act* of New Brunswick hereby appoints:

\_\_\_\_\_ ,  
Name in full

of \_\_\_\_\_ ,  
Residential Address

New Brunswick, as its agent in New Brunswick, authorizes the agent to accept any process, notice or document served on or given to the Company under the Act or the regulations or in relation to any civil, criminal or administrative action or proceeding in New Brunswick against the Company and declares that service on or delivery to the agent shall constitute sufficient service on or delivery to the Company and shall be binding on the Company.

4. The address of the agent for the purposes of this appointment:

\_\_\_\_\_ ,  
Street Address

\_\_\_\_\_ ,  
Mailing Address Postal Code

Dated the \_\_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_\_ .

Name of Company \_\_\_\_\_ (seal)

per

\_\_\_\_\_  
Witness

\_\_\_\_\_  
President or Managing Director

- and -

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Secretary

**CONSENT TO ACT**

I, \_\_\_\_\_, of \_\_\_\_\_  
\_\_\_\_\_, hereby consent to act as agent for the Company  
in New Brunswick under the terms of the above appointment and power of attorney.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of agent

**AFFIDAVIT OF EXECUTION**

I, \_\_\_\_\_, of \_\_\_\_\_  
\_\_\_\_\_, in the County of \_\_\_\_\_ and Province of \_\_\_\_\_  
\_\_\_\_\_, MAKE OATH (*or* SOLEMN AFFIRMATION) AND SAY:

1. I am the witness to the signatures of \_\_\_\_\_ and \_\_\_\_\_  
\_\_\_\_\_ and to the impression of the company seal on the foregoing  
Power of Attorney.
2. \_\_\_\_\_ is the president (*or* managing director) of \_\_\_\_\_  
\_\_\_\_\_ (the "Company").
3. \_\_\_\_\_ is the secretary of the Company.
4. \_\_\_\_\_ and \_\_\_\_\_ are duly authorized  
by the Company to complete the Power of Attorney in their respective capacities of  
president (*or* managing director) and secretary.
5. The company seal affixed to the Power of Attorney is the company seal of \_\_\_\_\_  
\_\_\_\_\_ and was affixed to the Power of  
Attorney in my presence by authority of the Company.
6. The signature " \_\_\_\_\_", set and subscribed to the Power of  
Attorney is the true and proper signature of \_\_\_\_\_  
\_\_\_\_\_ and was subscribed to the Power of Attorney in my presence.
7. The signature " \_\_\_\_\_", set and subscribed to the Power of  
Attorney is the true and proper signature of \_\_\_\_\_  
\_\_\_\_\_ and was subscribed to the Power of Attorney in my presence.
8. The signature " \_\_\_\_\_", set and subscribed to the Power of  
Attorney is the true and proper signature of me, this deponent.

**Form 10**

SWORN TO (*or* SOLEMNLY AFFIRMED) \*

before me at the \_\_\_\_\_ )  
of \_\_\_\_\_ )  
in the County of \_\_\_\_\_ )  
and \_\_\_\_\_ )  
of \_\_\_\_\_ )  
the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ )  
20\_\_\_\_\_. )

\_\_\_\_\_  
\* A Notary Public in and for the \_\_\_\_\_ or A Commissioner of Oaths \* Being a Solicitor/  
\*My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
of \_\_\_\_\_

(Seal)

\* DELETE INAPPLICABLE PORTIONS. MUST BE TAKEN BY A NOTARY PUBLIC IF SWORN TO OR SOLEMNLY AFFIRMED OUTSIDE NEW BRUNSWICK.