

# MANDATE

The authority given by this MANDATE- shall continue in effect until its revocation.

A. Identification of the Person Giving the Mandate (Mandatory):

I, **Jane Doe**, Band Number **06900000000**, DOB: **2017-09-20** of Kanehsatake in the Province of Quebec, on this **20 day of September 2017**, state:

**I Jane Doe hereby APPOINTS \_\_\_\_\_ Band No. 0690099999, DOB: 1990-09-09** of Montreal in the Province of Quebec to be my Mandatary to act on my behalf and perform such acts as is permitted by law.

B. Identification and Appointment of the Mandatary:

Name: \_\_\_\_\_

Address: 123 Merry Lane, Montreal, Quebec, H2T 2C9

Telephone Number: 555-555-5555

C. Revocation of Prior Mandate

**I REVOKE** all former Mandates previously given by me.

D. Powers Conferred:

- Payment of regular bills (telephone, cable, electricity, subscriptions, credit cards, car loans etc.) These bills to be paid on a monthly basis or when and if necessary.
- Deposit funds on my behalf into my bank account and withdraw and transfer funds from that account, in order to satisfy my bills on a monthly basis or when and if necessary.
- **The ability to retrieve certified and other kinds of mail. (Canada Post)**

E. Identification of Financial Institution:

Name of Bank: Desjardins Caisses du Lac des Deux Montagnes

100 Notre Dame

Oka, Québec

J0N 1<sup>E</sup>0

Phone: 450-472-5201

Account No.: \_\_\_\_\_

F. Limits and Conditions of the Mandate

- There are no Conditions to this Mandate.

G. Mandatory's Remuneration:

- This Mandate is to be performed gratuitously.

H Termination of the Mandate

- The Mandate is terminated when the Mandatory renounces his Mandate or meets their demise.

**I. Mandatory's Signature:**

In Witness whereof, I have signed in \_\_\_\_\_

\_\_\_\_\_  
Signature of the **Mandatory (Jane Doe)**

**J. Man datary's Signature (Acceptance of Mandate) :**

In witness whereof, I have signed in \_\_\_\_\_

Signature of Man datary: \_\_\_\_\_  
(person accepting the mandate)

Date: \_\_\_\_\_

**J. Witnesses:**

Contact information of the witness:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Witness

Contact Information of the witness:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

SWORN before me \_\_\_\_\_, Province of Quebec

\_\_\_\_\_

Commissioner for Taking Oaths

