

# MANDATE

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

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

I, \_\_\_\_\_, **Band Number** \_\_\_\_\_, **DOB:** \_\_\_\_\_ of \_\_\_\_\_ in the Province of \_\_\_\_\_, on this \_\_\_\_\_ state:

**I** \_\_\_\_\_ **hereby APPOINTS** \_\_\_\_\_ **Band No.** \_\_\_\_\_, **DOB:** \_\_\_\_\_ **of** \_\_\_\_\_ in the Province of \_\_\_\_\_ to be my Mandatory to act on my behalf and perform such acts as is permitted by law.

B. Identification and Appointment of the Mandatory:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

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: \_\_\_\_\_  
Address Of Bank: \_\_\_\_\_

Phone: \_\_\_\_\_

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