

Office Date STamp

KNOW ALL MEN BY THESE PRESENTS that

\_\_\_\_\_ of  
Name of Appointer

\_\_\_\_\_ in  
Postal Address, City

\_\_\_\_\_ Territory/Province and Postal Code

have made, nominated, constituted and appointed, and by these presents do hereby make, nominate, constitute and appoint

\_\_\_\_\_ of

\_\_\_\_\_ Territory/Province and Postal Code

be my true and lawful attorney in my name, place and stead to:

\_\_\_\_\_  
\_\_\_\_\_

This power of Attorney to expire on: \_\_\_\_\_

HEREBY GIVING AND GRANTING unto my said Attorney full power and authority to do and perform any and all or every act and thing whatsoever requisite and necessary to be done for this purpose as I might or could do if personally present and acting in my own behalf.

HEREBY AGREEING TO RATIFY AND CONFIRM all that my said attorney may lawfully do or cause to be done by virtue of this power of attorney.

IN WITNESS WHEREOF \_\_\_\_\_  
Name of Appointer

have hereunto set my hand and seal at \_\_\_\_\_  
City/Territory/Province

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

SIGNED, SEALED and DELIVERED by the appointer in the presence of:

\_\_\_\_\_  
Witness to Signature of Appointer

\_\_\_\_\_  
Appointer

**AFFIDAVIT OF WITNESS YUKON TERRITORY**

CANADA  
TO WIT:

I(or we), \_\_\_\_\_ of \_\_\_\_\_  
Name of Witness City and Territory/Province

witness to the within Instrument, make oath and say:

THAT I was personally present and did see the within Instrument and duly signed, sealed and executed by \_\_\_\_\_,  
Name of Appointer

THAT the within Instrument was executed at the place and on the date shown in the said Instrument.

THAT I know the said party and that he/she is, to the best of my knowledge and belief, of the legal age for the execution of the within Instrument.

THAT I am of legal age for the witnessing of the within Instrument.

Sworn before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Witness (document executed under corporate seal need not be witnessed)

*Access to Information and Protection of Privacy Act*

The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Quartz Mining Act*. Questions about the collection and use of this information can be directed to the Mining Records Office, Mineral Resources, Department of Energy, Mines and Resources, Yukon Government, Box 2703, Whitehorse, Yukon Territory, Y1A 2C6 (867) 667-3190