



Please see reverse for instructions

Name of Business:	Entity No.:
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I, _____ appoint:

Name of Power of Attorney	Address (must be resident of Saskatchewan) If the Power of Attorney resides in a city his or her resident address MUST be indicated. If residence is in a rural area, use a legal land description (including R.M. name and number).	Signature of individual named as Attorney (indicates acceptance of appointment)

to act as my attorney(s) for the purpose of receiving service of process in all suits and proceedings by or against me in Saskatchewan and for the purpose of receiving all lawful notices. I hereby declare that service of process with respect to suits and proceedings, and of such notices, on the attorney(s) are legal and binding to all intents and purposes.

Where more than one person is appointed attorney, any one of them, without the others, may act as my true and lawful attorney.

This appointment revokes all previous appointments.

Date _____ Name _____ Signature _____

Power of Attorney
Form I
Instructions for Completion

- Item 1:** Type or print the full legal name of the business.
- Item 2:** Type or print the name of the person representing the business, and who is signing the form on behalf of the business.
- Item 3:** Type or print the given name, initial and family name of attorney.
- Item 4:** Type or print the business address of attorney in full, including street, number and if a multi-office building, the room number.
- Item 5:** Space is provided for the appointment of more than one attorney. A business may, for example, appoint several individuals in a law firm as its attorney. The appointment of a law firm or any other firm or a corporation as an attorney will not be accepted.
- Item 6:** The filing of a power of attorney revokes all previous appointments.

Completed documents, in duplicate, and the prescribed fee payable to the **Minister of Finance** are to be sent to:

Director, Corporations Branch
200, 1871 Smith Street
Regina, Saskatchewan
S4P 4W5