

CANADA REVENUE AGENCY

REVENUE QUEBEC

MINISTÈRE DE L'EMPLOI ET DE LA SOLIDARITÉ SOCIALE

POWER OF ATTORNEY

I, undersigned, _____,

residing at :

authorize and mandate Me Francois Asselin, Quebec bar lawyer, having a place of business at 2200-1250, René-Lévesque O., Montréal, Qc, H3B 4W8, to act on my behalf before Revenue Quebec, the Canada Revenue Agency or the Ministère de l'emploi et de la solidarité sociale and obtain any information or document contained in my files.

My social insurance number is : _____ - _____ - _____;

My birth date is _____ - _____ - _____.

SIGNED in _____; on this _____ / _____ / 20__

Signature

Fill, sign and fax or e-mail to : 514-312-8270 or francois.asselin@litigefiscal.ca

CONFIDENTIALITY : Once filled, the information contained herein is confidential. If you received this document and you do not have a legal reason to receive it, please destroy the document and inform us by phone at 514-667-2253.