Agriculture, Pêcheries et Alimentation Québec

MINISTRY OF MANPOWER

POWER OF ATTORNEY

THIS DOCUMENT AUTHORIZES REPRESENTATION OF THE FOLLOWING FARM OPERATION:

MD OMAR SAKIB KHAN
Name of farm operation

NIM of farm operation

PERSON(S) TO BE AUTHORIZED:

OMAR
Surname, Given name

N/A
Telephone

SAKIB
Surname, Given name

Telephone

SAKIB
Surname, Given name

Telephone

I, undersigned principal (first and last name) sakib, do hereby authorize the person designated above to be my agent empowered to represent me in matters pertaining to registration of my farm operation, updating or renewal of said registration, and any applications for payment under the farm property tax credit program, in accordance with Divisions VII.1 and VII.2 of the *Act respecting the Ministère de l'Agriculture, des Pêcheries et de l'Alimentation* and of the *Regulation respecting the registration of agricultural operations and the reimbursement of property taxes and compensations* and any amending legislation.

For this matter, my agent can therefore perform any acts with respect to said program or registration, including declaration, execution or signing of any instrument, document, consent or commitment or any other authorization, transmit any information or document concerning me or my farm operation, undertake any legally binding obligations, elect domicile, be served, and, generally, do anything he or she deems useful or necessary by virtue of this mandate.

The agent shall have access to any information concerning this registration or this program and may discuss any related matter with any employee of the Ministère de l'Agriculture, des Pêcheries et de l'Alimentation.

To this end, I also authorize said government department to divulge to the undersigned agent any information I provided pertaining to this registration or within the framework of this program.

The power of attorney and authorization hereby granted shall come into effect on the date of the signature below.

In WITNESS WHEREOF, I have signed on this omar, in Québec, the canada.

Signature of principal

Name (Please Print)

Please send the Lease Agreement to the following coordinates :

Ministère de l'Agriculture, des Pêcheries et de l'Alimentation
Direction adjointe enregistrement et taxes
200, chemin Sainte-Foy, 10e étage
Québec (Québec) G1R 4X6
Telephone : 1 866 822-2140
Fax : 418 380-2172
Email : daet@mapaq.gouv.qc.ca