



GENERAL AGENCY AGREEMENT
APPOINTING A CUSTOMS BROKER POWER OF ATTORNEY
WITH POWER TO APPOINT A SUB-AGENT

Know all men by these presents that I, \_\_\_\_\_
(Importer) (Full correct corporate, firm, or individual name)

of \_\_\_\_\_
(Full Address of Importer)

do hereby constitute and appoint \_\_\_\_\_ my true and
lawful attorney to transact business on my behalf in all matters relating to:

- (i) Customs that may be transacted by a customs broker licensed under the Customs Act; and
(ii) Excise under the Excise Act and any tax or levies under the Excise Act; including all matters relating to the accounting for and payment
and refund of customs and/or excise duties, excise tax, sales tax and goods and services tax in respect of imported goods released or
to be released under such legislation, at ALL customs offices located across Canada.

AND IN CONNECTION THEREWITH;

- (a) to execute, sign, seal, deliver and endorse for me and in my name all bonds, entries, bills of lading, bills of exchange, warehouse
receipts or other means of payment or collateral security which comes into his possession and to use same, including drawbacks and
claims of any nature for reimbursement of Customs Duties, Sales and Excise Taxes and the like;
(b) to receive all such payments and sums of money as are now due or may hereafter become due and payable to me by way of rebate,
refund or remission on the order of the Department of National Revenue of Canada relative to the foregoing, and to endorse on my
behalf and as my attorney and to deposit to and for his own account all such payments from the Government of Canada.

I, the said IMPORTER, acknowledge that any duties, charges or other amounts paid on my behalf or to my account by my attorney or sub-agent shall
be a debt due by me and my attorney or sub-agent and any refund, rebate or remission of such duties, charge or other amounts shall be the property
of my attorney or sub-agent and I direct and authorize any governmental agencies collecting same to deliver such rebate, refund or remission to my
attorney or sub-agent.

I, \_\_\_\_\_, herein referred to as IMPORTER, hereby certify that, to the best of my knowledge,
(Importer) (Full correct corporate, firm or individual name)
all documents and/or information that will be provided to my aforesaid attorney by myself or on my behalf, in connection with this mandate, will be
true, accurate and complete.

I, the said IMPORTER, further grant my attorney full power and authority to appoint any other person to whom a license to transact business as a
customs broker has been issued under The Customs Act as a sub-agent to transact the aforesaid business on my behalf at any of the aforementioned
customs offices, and to revoke any such appointment and to appoint any other person who hold such a license as a sub-agent in the place of any
sub-agent whose appointment has been revoked, as he, my attorney shall from time to time think fit.

I, the said IMPORTER, hereby agree that all transactions hereunder shall be governed by \_\_\_\_\_.

I hereby ratify and confirm and agree to ratify and confirm all that my said attorney may do by virtue hereof.

This Power of Attorney shall be and remain in full force and effect until due notice of its revocation shall have been given to my aforesaid attorney,
in writing, by registered mail.

IN WITNESS WHEREOF THE IMPORTER has caused these presents to be sealed with its corporate seal, attested to by the signature of its duly
authorized officials at:

\_\_\_\_\_, Province / State \_\_\_\_\_
(Location)

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ A.D.

\_\_\_\_\_, Province / State \_\_\_\_\_
(Print: full correct corporate, firm, or individual name)

ACCEPTED BY:

Per \_\_\_\_\_
(Corporate - Signature of Duly Authorized Official and Title
or if Firm or Individual - Signature and Witness)

\_\_\_\_\_, Province / State \_\_\_\_\_
(Print: full correct corporate, firm, or individual name)

\_\_\_\_\_, Province / State \_\_\_\_\_
(Print: full correct corporate, firm, or individual name)

Per \_\_\_\_\_
(Corporate - Signature of Duly Authorized Official and Title
or if Firm or Individual - Signature and Witness)

\_\_\_\_\_, Province / State \_\_\_\_\_
(Print: full correct corporate, firm, or individual name)

\_\_\_\_\_, Province / State \_\_\_\_\_
(Print: full correct corporate, firm, or individual name)