

FORM F
[Clause 3(f)]

Acknowledgement and Consent

This form is to be completed if required for the purposes of subsection 6(2) of the Act.

I am the grantor of an Enduring Power of Attorney given on _____
(date)

appointing _____
(name of attorney)

of _____
(street address) (city) (province) (postal code)

to act as my:

(check one)

☐ personal

☐ property

☐ personal and property

attorney in accordance with *The Powers of Attorney Act, 2002*.

For the purposes of subsection 6(2) of the Act:

(a) I acknowledge that _____
(name of attorney)

has been convicted of a criminal offence relating to assault, sexual assault or other acts of violence, intimidation, criminal harassment, uttering threats, theft, fraud or breach of trust; and

(b) I consent to this person acting as my attorney.

(Signature of grantor) (date)

I, _____
(name)

of _____
(street address) (city) (province) (postal code)

certify:

(a) that I witnessed the signing of this acknowledgement and consent by _____
(name of grantor)

dated _____ ;

(b) that in my opinion the grantor had capacity at the time he or she signed this document.

(Signature of witness) (date)