

## CONTACT AND PROXY FORM

ENTERPRISE					
Name					
Address					
	Number	Street	Apt.	City	Postal code
( )	ext:		( )		
Phone number		Fax		Email	

OWNER / ADMINISTRATOR(S) / PARTNER(S) (if more than one, please add on a separate sheet)					
First name and name					
Address					
	Number	Street	Apt.	City	Postal code
( )	ext:		( )		
Phone number		Fax		Email	
Correspondence required in:	<input type="checkbox"/> French		<input type="checkbox"/> English		
<input type="checkbox"/> Contact for monthly reports <input type="checkbox"/> Contact for inspections <input type="checkbox"/> Contact for claims					
Monthly reports to produce					
<input type="checkbox"/> I do not wish to use the Parity Committee's web program to produce my monthly reports. Please send the paper forms to:					
<input type="checkbox"/> My company's address <input type="checkbox"/> The correspondence address of my external contact (ex: accountant)					

OTHER AUTHORIZED INTERNAL CONTACTS (if applicable)					
<b>CONTACT 1</b>	First name and name				
( )	ext:		( )		
Phone number		Fax		Email	
<input type="checkbox"/> Contact for monthly reports <input type="checkbox"/> Contact for inspections <input type="checkbox"/> Contact for claims					
This person has the authority to			<input type="checkbox"/> Sign the renunciation of the benefit of time elapsed form <input type="checkbox"/> Transmit the justifications regarding claims		
<b>CONTACT 1</b>	First name and name				
( )	ext:		( )		
Phone number		Fax		Email	
<input type="checkbox"/> Contact for monthly reports <input type="checkbox"/> Contact for inspections <input type="checkbox"/> Contact for claims					
This person has the authority to			<input type="checkbox"/> Sign the renunciation of the benefit of time elapsed form <input type="checkbox"/> Transmit the justifications regarding claims		
OTHER AUTHORIZED ACTIONS ALLOWED FOR INTERNAL CONTACTS (PLEASE DETAIL)					

## CONTACT AND PROXY FORM

### AUTHORIZED EXTERNAL CONTACTS

- Lawyer (member of the Barreau du Québec)  
 Accountant (member of a CPA professional accounting order)

First name and name

Correspondence  
address

( )

ext:

( )

Phone number

Fax

Email

- Contact for monthly reports     Contact for inspections     Contact for claims

### DETAIL OF THE PROXY FOR EXTERNAL CONTACTS AND COMMITMENT FOR CONFIDENTIALITY

- Signature of the renunciation of the benefit of time elapsed form  
 Transmission of justifications regarding claims  
 Other

Please join a copy of the proxy form, sign it and have the external contact sign the commitment for confidentiality below:

I \_\_\_\_\_ guarantee the confidentiality of any information obtained within the frame  
(first name and name)

of my representation as a proxy and I will not use the information obtained for any other purpose than provided within my representation duties.

In Montréal, on \_\_\_\_\_, 20\_\_\_\_\_

**Duly authorized representative of  
the professional employer**

\_\_\_\_\_  
First name and name

\_\_\_\_\_  
Signature

**Proxy**

\_\_\_\_\_  
First name and name

\_\_\_\_\_  
Signature