

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)

CONTACT 1	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		
	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)

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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_____

**Professional employer (President, Vice-President,
Administrator, Director...)**

First name and name

Signature

Proxy (external contact)

First name and name

Signature