

I, _____ of
Name of Appointer
 _____ in
Postal Address, City

Territory/Province and Postal Code

Office Date Stamp

do hereby APPOINT:

Territory/Province and Postal Code

to be my Attorney to:

This power of Attorney for the _____ Mining District to expire on: _____

HEREBY GIVING AND GRANTING unto my said Attorney full power and authority to do and perform any and all or every act and thing whatsoever requisite and necessary to be done for this purpose as I might or could do if personally present and acting in my own behalf.

HEREBY AGREEING TO RATIFY AND CONFIRM all that my said Attorney may lawfully do or cause to be done by virtue of this power of attorney.

IN WITNESS WHEREOF _____
Name of Appointer

have hereunto set my hand and seal at _____
City and Territory/Province

this _____ day of _____, 20_____.

SIGNED, SEALED and DELIVERED by the appointer in the presence of:

 Witness to Signature of Appointer

 Appointer

AFFIDAVIT OF WITNESS

I, _____, _____,
Name Occupation
 of _____
Complete postal address

make oath and say THAT:

1. I was personally present and did see _____, the person named as the Appointer in the attached Power of Attorney Form duly sign that instrument at the time and place indicated in the instrument.
2. I personally know the person whose signature I witnessed.
 OR
 The Identity of the person whose signature I witnessed has been proven to me to my satisfaction.
3. To the best of my knowledge and belief, the person whose signature I witnessed is of the legal age to execute the instrument.

Sworn before me at _____ this _____ day of _____ 20_____.

 Notary Public

 Witness

Access to Information and Protection of Privacy Act

This information is being collected under the authority of the *Quartz Mining Act* and *Placer Mining Act*. For further information contact the Department of Energy, Mines and Resources, Mining Records Office at 867-667-3190 or toll free at 1-800-661-0408 extension 3190.