AFFIDAVIT OF WITNESS

I,	, of the	, in the
Province of	, make oath and say:	
I am a witness to the attached power	of attorney and I was present and sav	v it signed at
by	, and I am at least 18 y	ears of age.
I believe that the person whose signar attorney.	ture I witnessed is the same as that na	amed in the power of
I am not the attorney named in the att the said attorney or the donor; nor arr		ne spouse or partner of
I am not a person whose property is u	ınder guardianship or who has a guar	dian of the person.
SWORN by me at the, the province of, the province of)	
in the Province of, tl	nis day)	
of)	
A Commissioner for taking Oaths in of	(