



Power of Attorney for the Purchase of Promotions by an Agent

NOTICE OF APPOINTMENT

Supplier: _____ **Number:** _____
(Name and number of the supplier or company, if registered with the SAQ)

Headquartered at:

(Address of head office as registered at the SAQ)

Address: _____

City: _____ **Province/State:** _____

Country: _____ **Postal code:** _____

Represented by:

Name: _____ **Title:** _____

Telephone: _____ **Email address:** _____

(Hereinafter the **“Supplier”**, as defined in section 2.1 of the SAQ Purchasing and Merchandising Policy)

By completing this section, the Supplier declares that the company appointed below is authorized to act as its agent in its dealings with the SAQ.

Agent: _____ **Number:** _____
(Agent name and number if registered at the SAQ)

REQ number*: _____

Address: _____

City: _____ **Province:** Quebec

Country: Canada **Postal code:** _____

Represented by:

Name: _____ **Title:** _____

Telephone: _____ **Email address:** _____

(Hereinafter the **“Agent”**)

To be recognized as a promotional agent by the SAQ, the Agent must be listed in the Registre des entreprises du Québec ([REQ](#)) as a business operating in Quebec in the field of promoting the sale of alcoholic beverages and must also have completed and returned all required documents.

The Supplier declares that it is represented by more than one agent: Yes No

If so, please name the other agent(s): _____

LIMITED REVOCABLE POWER OF ATTORNEY

Scope of this Power of Attorney

The Supplier authorizes the Agent to sign up products for promotional programs and to enter into the related financial commitments on behalf of the Supplier.

In carrying out its power of attorney, the Agent may sign any necessary form, printed document or written document and do whatever it deems useful, subject to the limits specified in this power of attorney, with the same authority as the Supplier.



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Without limiting the generality of the foregoing and for clarification purposes only, the Supplier and Agent acknowledge that they are jointly and severally responsible for any financial commitment entered into by the Agent with the SAQ hereunder. Accordingly, the Supplier waives the right to invoke the default of the Agent as justification for refusing to honour any financial commitment entered into by the Agent with the SAQ.

This power of attorney is governed by the laws in effect in the province of Quebec. Any dispute resulting therefrom or referring hereto will be heard by a competent court in the judicial district of Montreal, province of Quebec.

This power of attorney form must be completed and signed by the Supplier and the Agent and submitted to the SAQ via [Contact Us](#), with the category Form, subject Power of Attorney.

Following receipt of the duly completed form, the SAQ will send a power of attorney number to the Supplier and the Agent.

This power of attorney shall take effect no later than ten (10) business days after the sending of the power of attorney number and shall be valid until the date of receipt of a written revocation of the power of attorney by the Supplier or the Agent, a copy of which must be sent by email to the SAQ at the abovementioned instructions.

By signing this document, the Supplier supersedes and cancels any power of attorney that it may have signed in the past.

IN WITNESS WHEREOF, the SUPPLIER has signed this power of attorney:

Name _____ Date _____, 20__ Place: _____
(In block letters)

Title or position of the authorized representative*
(In block letters)

Signature: _____

IN WITNESS WHEREOF, the AGENT has signed this power of attorney:

Name _____ Date _____, 20__ Place: _____
(In block letters)

Title or position of the authorized representative*
(In block letters)

Signature: _____

*The term "authorized representative" refers to a natural person who, in the organization, has the authority to sign contractual documents on its behalf.

For more information, please contact
our Business Relations Assistance Service (SARA)
through [Contact US](#) or at 514 254-2711.