



ACGI Shipping Inc.
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GENERAL AGENCY AGREEMENT AND POWER OF ATTORNEY WITH POWER TO APPOINT A SUB-AGENT

1. The purpose of this form is to authorize **ACGI SHIPPING INC. (THE AGENT)**:

To transact business on my behalf with the Canada Customs and Revenue Agency.

Such business may include the following:

- a.) Accounting and payment of duties in respect of imported goods released under section 32 of the Customs Act.

Note: Only a licensed customs broker can be authorized to act as the agent of an importer to account and pay duties under section 32 of the Customs Act.

At the customs office(s) located in All Ports, in Canada.

This authorization allows for the appointment of sub-agents.

- b.) Processing of refunds and other adjustments.

- c.) Accessing Business Number import/export accounts(s) information.

- d.) Other (please specify) Appealed enforcement actions

* **An agent is considered in law to represent the principal, in such a way as to be able to affect the principal's legal position. However, the principal remains liable for any transactions completed on its behalf by its agent.**

2. In witness whereof _____
Corporate Name or DBA

has caused these presents to be sealed with in its corporate seal, attested to by the signature of its duly authorized officials at _____ in

Location of Business, Name of City

(Name of Province or State) _____, this _____ day of _____, 20 _____.

Type of Business Entity (Sole Proprietorship, Partnership, Corporation)

by: _____
Printed Name and Title of Authorized Person

Signature of Authorized Person

3. Physical business address (street, city, province/state, country, postal code/zip code):

BN (Business Number): _____ **RM0001**

Canadian Social Insurance Number (SIN) **** (Only for Individuals without business number):**

Business Phone Number: _____ - _____ - _____

Business Fax Number: _____ - _____ - _____

Business Email Address: _____

FOR OFFICE USE ONLY

Accepted by: BERT ABEDIRAD, Qualified Officer of ACGI Shipping Inc. (**The Customs Broker**)

DATE: _____

SIGNATURE: _____