Power of Attorney Confirmation Form



(DD/MM/YYYY)

Use this form to confirm that the Power of Attorney for Property you have provided to HOOPP is valid and in effect. If multiple individuals are appointed as Power of Attorney (POA), please also include their contact information on page 2. If you have not already provided a copy of a valid POA for Property to HOOPP, kindly include it with this form. Please ensure all sections are complete before submitting.

Member information

Signature of POA

Member First Name	Member Last Name		Member Date of Birth (DD/MM/YYYY)
Member's current address (street address)			Address line 2 (if required)
City		Province	Postal code
POA information	n		
POA First Name		POA Last Name	
POA's current address (street address)			Address line 2 (if required)
City	Province		Postal code
POA Telephone Number		POA Email	
Check one:			
I have enclosed a co	oy of a valid POA for Property	that is in effect.	
I have previously pro	vided HOOPP with a copy of a	POA for Property which	continues to be valid and in effect.
•	OOPP to collect, use and discl		nust inform HOOPP if my authority as ation for the purpose of administering

POA #2 information

POA First Name		POA Last Name	
POA's current address (s	treet address)		Address line 2 (if required)
City	Province		Postal code
POA Telephone Number		POA Email	
POA #3 informa	ation		
POA First Name		POA Last Name	
POA's current address (street address)			Address line 2 (if required)
City	Province		Postal code
POA Telephone Number		POA Email	