

Acceptance of responsibility as a mandatary

1. Identification of the represented person (mandator)	
Curateur public du Québec file no.	Date of birth
Last name	First name
Address	Date of the ruling
2. Identification of the current mandatary	
Last name	First name
3. Identification of the substitute mandatary	
Last name	First name
Address	Telephone Home: _____ Cellular: _____
	E-mail address

I, the undersigned, _____, duly designated to act as the substitute
First and last names of the substitute mandatary
 mandatary for the mandate signed by _____, on _____,
name of the mandator date of signing of the mandate
AGREE to act in the capacity of **mandatary**, replacing _____,
name of the current mandatary
 with regard to the protection mandate homologated on _____.
date of the ruling

Signature: _____ Date: _____