



**AUTHORIZATION/REVOCAION OF APPLICANT'S REPRESENTATIVE
WITH REGARDS TO TELEFILM, OTHER THAN THE APPLICANT'S
PERSONNEL**

Applicant: _____ Project Name: _____
Project #: _____

Authorization : The Applicant designates the following individuals to represent it in dealings with Telefilm Canada and to communicate, receive or exchange any or all information with Telefilm Canada, by any means, relating to the Applicant or the Project :

Name	Company

The Applicant hereby understands that the information and/or instructions given to Telefilm by the representative binds the Applicant as if the instructions came from the Applicant.

The Applicant hereby understands that this authorization is in addition to any other authorization to communicate information given by the Applicant to Telefilm Canada, including the authorizations given by the Applicant at the time of requesting financing to Telefilm or the instructions included in Telefilm Canada's financing agreements.

The present authorization will take effect at the signature date and will remain valid until it is revoked or at the following date: _____

_____	_____	_____
Signature	Name and Function	Date

Revocation: The Applicant revokes the authorization for representation given to:

Name	Company

The revocation takes effect at the signature date or as of: _____

_____	_____	_____
Signature	Name and Function	Date