POWER OF ATTORNEY

A Power of Attorney is a legal document in which you appoint someone else to represent you in financial and legal matters, such as signing a contract, withdrawing money from your bank, filing a lawsuit, etc.

Please fill out this questionnaire to the best of your ability. If there is something that you cannot answer please leave it blank. Your Notary at Sidhu and Associates will help you during your instructions appointment in person.

app	ointme	ent in person.
•	Do you	have an existing power of attorney ? [] YES [] NO
	0	If yes:
		Is copy available? [] YES [] NO
		Revocation required? [] YES [] NO
•	Who a	re we drafting the Power of Attorney for ?
	0	Single person
	0	Couple
•	CLIENT	T 1'S full legal name:
	•	Other names used:
	•	DOB:Place of Birth:
	•	Address:
	•	Occupation:
	•	Email:Phone:
	•	Citizenship(s):
CLII	NT 2'S	(if applicable)
	•	Full legal name:
	•	Other names used:
	•	DOB:Place of Birth:
	•	Address:
	•	Occupation:
	•	Email:Phone:
	•	Citizenship(s):

HEALTH:			
□ No concerns			
Health issues:			
o CLIENT 1			
o CLIENT 2			
Any medication or illness affecting understanding of client?			
o CLIENT 1			
o CLIENT 2			
Marital status:			
☐ Married: Date:Place:			
☐ Common Law: Date of start:			
ASSETS:			
REAL ESTATE:			
Do clients own real estate? [] YES [] NO			
Title Search required? [] YES [] NO If yes for which property:			
<u>VEHICLES: Do clients own vehicles?</u> [] YES [] NO			
BUSINESS OWNERSHIP: Do clients own a business?			
[]NO			
[] YES: is it incorporated			
[] YES [] NO			
BANKING:			
Where do you bank?			



PRIMARY ATTORNEY: Will Client1 ←→ Client2 be each other's primary attorney ? [] YES [] NO

•	If not, who will be the primary attorney:		
•	Full legal name as in their ID:		
•	Relationship to client:		
•	Address:		
•	Contact information (phone/email):		
ALTERNATE ATTORNEY: Who is going to be Client 1's Alternate Attorney:			
•	Full legal name as in their ID:		
•	Relationship to client:		
•	Address:		
•	Contact information (phone/email):		
•	Is the Alternate Attorney the same for Client1 and Client2? [] YES [] NO		
•	If not, who will be Client 2's Alternate Attorney?		
•	Full legal name as in their ID:		
•	Relationship to client:		
•	Address:		
•	Contact information (phone/email):		
What type of POA do you need?			
	☐ General all legal and financial matters		
	☐ Specific for:		

Thank you for taking the time to fill out this form. Further information will be discussed and collected from you at your meeting with the Notary.