



MINISTRY OF PUBLIC AND BUSINESS SERVICE DELIVERY  
Ministère des Services au public et aux entreprises

**APOSTILLE**  
(Convention de La Haye du 5 Octobre 1961)

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sceau / timbre de

**Notary Public**



5. at / à

**Toronto, Ontario**

6. the / le **2025-02-07**

7. by / par



8. N° / sous n°



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Doc X 20252184

### 委托书

委托人：[redacted] 性别：[redacted]，国籍：中国，出生日期：[redacted]  
护照编号：[redacted] 身份证号：[redacted]  
联系电话：[redacted]  
银行卡信息：华夏银行卡号 [redacted] 银行卡号 [redacted]

受托人：[redacted] 性别：[redacted]，国籍：[redacted]，生日日期：[redacted]  
身份证号：[redacted] 住址：[redacted]  
联系电话：[redacted]

#### 委托事项：

委托人[redacted]与受托人[redacted]系母女关系。由于委托人长期居住海外，无法亲自回国办理名下银行账户相关事宜，特此委托受托人全权代理处理以下事项：

1. 银行账户密码重置、更改手机号；
2. 处理理财、定期活期存款支取；
3. 账户网银操作、销户、账户资料更新；
4. 解除账户资产限制；
5. 其他与银行相关的事务手续。

委托期限：本委托书自签字之日起两年内有效。

委托人（签字）：[redacted]

日期：[redacted]

I w [redacted]  
wher [redacted]

[redacted]  
[redacted]  
[redacted]

Feb. 06, 2025



### Power of Attorney

Principal: [REDACTED] Gender: Female, Nationality: Chinese. Date of Birth: [REDACTED]  
Passport Number: [REDACTED], ID Number: [REDACTED]  
Contact Number: [REDACTED]  
Bank Account Information:  
Huaxia Bank Card Number: [REDACTED]  
CITIC Bank Card Number: [REDACTED]

Trustee: [REDACTED]: Female, Nationality: Chinese, Date of Birth: [REDACTED]  
ID Number: [REDACTED]  
Address: [REDACTED]  
Contact Number: [REDACTED]

#### Scope of Authorization:

The principal, [REDACTED] and the trustee [REDACTED] are mother and daughter. As the principal resides overseas for extended periods of time and is unable to personally handle matters related to her bank accounts in China, she hereby authorizes the trustee to act fully on her behalf in managing the following matters:

1. Resetting bank account passwords and changing the registered mobile number;
2. Handling financial management transactions and withdrawing fixed and demand deposits;
3. Online banking operations, account closure, and updating account information;
4. Removing account asset restrictions;
5. Other necessary banking-related procedures.

Authorization Period: This Power of Attorney shall be valid for two years from the date of signing.

Pr [REDACTED]  
Da [REDACTED]

