

*Limited Partnership Act*  
Subsections 29(5), (6), (7)

KNOW BY THESE PRESENTS THAT

\_\_\_\_\_  
(Name of appointing extra-provincial limited partnership)  
  
\_\_\_\_\_(hereinafter called the “partnership”)  
  
hereby appoints \_\_\_\_\_  
(Name of attorney in full)

Declaration Number
Departmental Use Only
Filing Date
Expiry Date

\_\_\_\_\_  
(Principal address of attorney and representative, giving street name and number or RR number, municipality or post office and postal code)

its true and lawful attorney, to act as such, and as such to sue and be sued in any court in New Brunswick, and generally on behalf of the partnership within New Brunswick to accept service of process and any notices required to be served on the partnership and, for the purposes of the partnership to do all acts and to execute all deeds and other instruments relating to the matters within the scope of this power of attorney until due lawful notice of the appointment of another and subsequent attorney has been given to and accepted by the registrar.

Service of process or of papers and notices upon the said \_\_\_\_\_  
(Name of attorney in full)

shall be accepted by the partnership as sufficient service.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Name of extra-provincial limited partnership)

BY:

\_\_\_\_\_  
(Signature of general partner)

PLEASE HAVE THE CONSENT TO ACT  
AS ATTORNEY COMPLETED

**CONSENT TO ACT AS ATTORNEY**

**LIMITED PARTNERSHIP ACT**

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name of attorney in full) (Principal address giving street name and

\_\_\_\_\_, New Brunswick, hereby consent to act as the  
number or RR number, municipality or post office and postal code)

attorney in the Province of New Brunswick of \_\_\_\_\_  
(Name of extra-provincial limited partnership)

pursuant to the power of attorney in that behalf executed by the said limited partnership on the \_\_\_\_\_ day of  
\_\_\_\_\_ 20\_\_\_\_ authorizing me to accept service of process and notices on its behalf.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature of the Consenting Person or Corporation)