

AUTHORIZATION TO ACT

I hereby authorize the British Columbia central authority and the _____
central authority under the Hague Convention on the Civil Aspects of International Child
Abduction, and their agents, to act on my behalf and to do all things reasonable and necessary
in connection with my application for return of or access to my child(ren), including disclosing
personal information contained in or relating to this application to other agencies or
authorities, whether located within or outside Canada.

Dated this _____ day of _____, 201__.

WITNESSED BY:

_____)
Signature of witness

_____)
Print name of witness

_____)
Address of witness

_____)

Signature of applicant