

**THIS GENERAL POWER OF ATTORNEY**

Is given on the 25<sup>th</sup> day of May, year 8.

By MUHAMMAD S. ARIF  
of 1267 WARDEN AVE SCARBOROUGH ONTARIO M1R-2R4

I APPOINT NOOR JENAN ARIF  
of 1267 WARDEN AVE SCARBOROUGH ONTARIO M1R-2R4

Jointly / jointly and severally

To be my attorney (s) in accordance with the Powers of Attorney Act to do on my behalf anything that I can lawfully do by an attorney and particularly the following acts, the enumeration of which is not in any way limit the general powers herein conferred, namely:

- To purchase, sell, make, draw, accept, endorse, discount, transfer, renew, negotiate and in every way deal with cheques, bills of exchange, promissory notes, deposit receipts, bonds, debentures, coupons and every kind of negotiable instrument and security;
- To subscribe for, accept, purchase, sell, pledge, transfer, surrender and in every way deal with shares, stocks, bonds, debentures and coupons of every kind and description and to vote and act in respect thereof;
- To receive and collect rents, dividends, bonuses, profits, interest, commission, fees, salaries, debts and claims of every kind and to give receipts, and discharges therefore and to distrain for rent and interest;
- To purchase, sell, rent, exchange, mortgage, charge, lease, surrender, manage, and in every way deal with real estate and any interest herein including any right of possession in a matrimonial home under Part II of the Family Law Act, and execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases, consents, and other instruments required for any such purpose;
- To take, assume, purchase, discharge, assign, pledge and in every way deal with mortgages of real and personal property and to execute all powers of sale and other powers therein;
- To conduct any business operations.

In accordance with the Powers of Attorney Act, I declare that, this power of attorney may be exercised during any subsequent legal incapacity on my part.

In accordance with the Powers of Attorney Act, I declare that, after due consideration, I am satisfied that the authority conferred on the attorney named in this power of attorney is adequate to provide for the competent and effectual management of all my estate in case I should become a patient in a psychiatric facility and be certified as not competent to manage my estate under the Mental Health Act. I therefore direct that in that event, the attorney named in this power of attorney may retain this power of attorney for the management of my estate by complying with subsection 56 (2) of the Mental Health Act and in that case the Public Trustee shall not become committee of my estate as would otherwise be the case under clauses 56 (1) and (b) of that Act.

Any power of attorney or other designation of authority to an agent heretofore given by me is hereby revoked.

This power of attorney is subject to the following conditions and restrictions:

*AND TRANSACTION*  
*to be used for*  
*any legal documentation in respect of elle suite #302, 3530 Kariya Drive,*  
*Mississauga, ON*  
I have signed this power of attorney in the presence of both witnesses whose names appear below on the 25 day of MAY, year 2008

[Grantor]

WITNESS BY:

Signature of witness

Name of witness

Address

Signature of witness

Name of witness

Address

Note: Witness should not be the attorney or the attorney's spouse.