

STATEMENT OF CAPACITY

I, Claude Fredrick Fernandes, confirm that I am at least eighteen (18) years of age and I am capable of giving the Continuing Power of Attorney dated September 2, 2009 because I am aware:

1. of the nature and approximate value of my property;
2. of the obligations owned to my dependant(s) if any;
3. that the attorney(s) will be able to do on my behalf anything in respect of property that I could do if capable, except make a Will, subject to the conditions and restrictions set out in the Power of Attorney;
4. that the attorney(s) must account for his/her dealings with my property;
5. that I may revoke the Continuing Power of Attorney, if capable;
6. that unless the attorney(s) manage(s) the property prudently its value may decline; and
7. that there is a possibility that the attorney(s) could misuse the authority I have given to my attorney(s).

WITNESS:

Signature: [Signature]
Name: JUSTIN KOMAR SIKDER
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Claude Fernandes
Claude Fredrick Fernandes

Signature: [Signature]
Name: _____
Address: _____

