General Power of Attorney (Short)

THIS	THIS GENERAL POWER OF ATTORNEY						
Is give	en on the						
Bv.	OSAIMA Al-HARAS, & FOTHIA HI & HARAKAN Salim						
of of	of a land of Do Starry (new UN 185356 3) 4118-5 East 36 Sport						
I APP	Is given on the						
of	of Abdulla Hamdans on 13x 635						
Jointly	/ jointly and severally / join						
can law	ofully do by an attorney and particularly the following acts, the enumeration of which is not in any to particularly the following acts, the enumeration of which is not in any to particularly the following acts, the enumeration of which is not in any to particularly the following acts, the enumeration of which is not in any to particularly the following acts.						
a)	way deal with cheques, bills of exchange, promissory notes, deposit receipts, bonds, debentures, coupons and every kind of negotiable insument and security;						
b)	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;						
c)	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;						
d)	To purchase, seil, 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;						
c)	 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; 						
f)	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.							
Іп ассол	rdance with the Powers of Attorney Act, I declare that, after due consideration, I am satisfied that						
compete	nority conferred on the attorney named in this power of attorney is adequate to provide for the ent and effectual management of all my estate in case I should become a patient in a psychiatric						
direct th	and be certified as not competent to manage my estate under the Mental Health Act. I therefore nat in that even, the attorney named in this power of attorney may retain this power of attorney for						
the man	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: TOTALL LIANARCTIONS WITH TEMPORAL TO CONDOMINIUM CIPT CLE UNIT 2101, 3525 KATIYATOTIVE, MISSISSAU,							
I have signed this power of attorney in the presence of both witnesses whose names appear below on the							
(2)	Dating (16 BI CHanan a Cahera Class L) ente						
(Grantor							
WITNES	SS BY:						
Signature	e of witness Signature of wimess						
WEL	JAVA ZENUDDIN RAJABALA						
Name of							
28 Address	Melbourne Rd St. Creek, On 165 Rexlieth St., St. Creek, On.						

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Is giv	en on the day of	_, year				
Ву	O ABDULLAH HAMDANI SALMA AL-HARAZI					
of	(1) SALMA AL-HARAET					
I API of	POINT MAZAAN SOHADIR					
Jointly To be can lay	/ jointly and severally my attorney (s) in accordance with the Powers of	Attorney Act to do on my behalf anything that I ing acts, the enumeration of which is not in any to				
a)	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;					
b)	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;					
c)	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;					
d)	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;					
e)	To take, assume, purchase, discharge, assign, pled and personal property and to execute all powers of	ge and in every way deal with mortgages of real sale and other powers therein;				
f)	To conduct any business operations.	t '				
In accor during a	dance with the Powers of Attorney Act, I declare ny subsequent legal incapacity on my part.	that, this power of attorney may be exercised				
the authorized competer facility a direct that the mana case the	dance with the Powers of Attorney Act, I declare ority conferred on the attorney named in this point and effectual management of all my estate in our did be certified as not competent to manage my eat in that even; the attorney named in this power of agement of my estate by complying with subsection Public Trustee shall not become committee of m 6 (1) and (b) of that Act,	wer of attorney is adequate to provide for the case I should become a patient in a psychiatric state under the Mental Health Act. I therefore f attorney may retain this power of attorney for on 56 (2) of the Mental Health Act and in that				
Any pow revoked.	ver of attorney or other designation of authority	to an agent heretofore given by me is hereby				
This pow (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	day of Juy, year 1007	h witnesses whose names appear below on the				
Signature	of witness T. ALFHARIAZ,	Signature of witness 7. AL-14ARAZI				
N- 9	SHADIL	N' SHADIL				
Name of v	vittless	Name of witness				
Address	 					
VIORE C22		Address				