



# Limited Revocable Power of Attorney for Suppliers of Alcoholic Beverages

## NOTICE OF APPOINTMENT

**Supplier:** \_\_\_\_\_ **Number:** \_\_\_\_\_  
(Name and number of the supplier or company, if registered with the SAQ)

**Headquartered at:**

(Address of head office as registered at the SAQ)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province/State:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Represented by:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

(Hereinafter the **“Supplier”**, as defined in section 2.1 of the SAQ Purchasing and Merchandising Policy)

By completing this section, the Supplier declares that the company appointed below is authorized to act as its agent in its dealings with the SAQ.

**Agent:** \_\_\_\_\_ **Number:** \_\_\_\_\_  
(Agent name and number if registered at the SAQ)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** Quebec

**Country:** Canada **Postal code:** \_\_\_\_\_

**Represented by:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

(Hereinafter the **“Agent”**)

To be recognized as a promotional agent by the SAQ, the Agent must be listed in the Registre des entreprises du Québec ([REQ](#)) as a business operating in Quebec in the field of promoting the sale of alcoholic beverages and must also have completed and returned all required documents.

### LIMITED REVOCABLE POWER OF ATTORNEY

#### Scope of this power of attorney

The Supplier hereby authorizes the Agent to take the following actions on its behalf:

(Check all boxes that apply)

- A) Submit a product offer as part of the section or renewal process.  
Submit a price change request.  
Agree on volume discounts, terms of payment and other financial commitments.
- B) Register a product as part of a promotional program and agree on the related financial commitments.
- C) Confirm and/or refuse an order via the transaction portal.

#### Exclusivity of this power of attorney

Is the Supplier represented by more than one agent?

(Check all boxes that apply)

#### YES

- (Please attach a list of the products, including the SAQ product code and description, to which this power of attorney applies.)

or

#### NO

- (This power of attorney applies to all the Supplier’s products.)



**Power of Attorney for Suppliers of Alcoholic Beverages**

In carrying out its power of attorney, the Agent may sign any necessary form, printed document or written document and do whatever it deems useful, subject to the limits specified in this power of attorney, with the same authority as the Supplier.

Without limiting the generality of the foregoing and for clarification purposes only, the Supplier and Agent acknowledge that they are jointly and severally responsible for any financial commitment entered into by the Agent with the SAQ hereunder. Accordingly, the Supplier waives the right to invoke the default of the Agent as justification for refusing to honour any financial commitment entered into by the Agent with the SAQ.

This power of attorney is governed by the laws in effect in the province of Quebec. Any dispute resulting herefrom or referring hereto will be heard by a competent court in the judicial district of Montreal, province of Quebec.

This power of attorney form must be completed and signed by the Supplier and the Agent and submitted to the SAQ by email at [procuracion@saq.qc.ca](mailto:procuracion@saq.qc.ca).

Following receipt of the duly completed form, the SAQ will send a power of attorney number to the Supplier and the Agent.

This power of attorney shall take effect no later than ten (10) business days after the sending of the power of attorney number and shall be valid until the date of receipt of a written revocation of the power of attorney by the Supplier or the Agent, a copy of which must be sent by email to the SAQ at the abovementioned address.

By signing this power of attorney, the Supplier replaces and cancels any appointment of an Agent which it may have signed prior to the date hereof for the abovementioned products. In addition, signing this document constitutes an expressed revocation of all powers of attorney signed by the Supplier prior to the date hereof for the abovementioned products.

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**IN WITNESS WHEREOF, the SUPPLIER has signed this power of attorney:**

Name \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_ Place: \_\_\_\_\_  
(In block letters)

\_\_\_\_\_  
Title or position of the authorized representative\*  
(In block letters)

Signature: \_\_\_\_\_

**IN WITNESS WHEREOF, the AGENT has signed this power of attorney:**

Name \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_ Place: \_\_\_\_\_  
(In block letters)

\_\_\_\_\_  
Title or position of the authorized representative\*  
(In block letters)

Signature: \_\_\_\_\_

\*The term "authorized representative" refers to a natural person who, in the organization, has the authority to sign contractual documents on its behalf.

For more information, please contact  
our Business Relations Assistance Service (SARA)  
through [Contact SARA](#) or at 514 254-2711.