

TO: Shoreline Ltd.
Mintflower Place
8 Par-la-Ville Road, HM 08
PO Box HM 1354
Hamilton HM FX
Bermuda

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT

(Legal name of company)

doing business as: Corporation Individual Proprietorship Partnership

(circle one)

appoints and duly authorizes Shoreline Ltd. ("Shoreline"), a Bermuda Corporation having its principal office in Hamilton, Bermuda as a true and lawful agent and attorney of the corporation named above, with limited power of attorney to execute the necessary documents required in filing and/or terminating Canadian Border Services Agency Customs Bond and CBSA Marine Carrier Code Application under the use of scanned facsimile signature of the undersigned, on behalf of the said principal could do if present and acting, and hereby ratify and confirm all that said agent and attorney shall lawfully do or cause to be done by virtue of these presents.

Date: ___/___/___

BY _____

Name _____

Title _____



MARINE CARRIER ATTESTATION

I (we) hereby attest that I (we) **operate** a conveyance by:

- having **legal custody** of the conveyance(s) listed on our carrier code application, which means I am (we are):
 - a) an owner, or
 - b) a charterer or lessee of the conveyance

AND

- having **control** of the conveyance(s), which means I am (we are) liable for the decisions concerning the employment of the conveyance and I (we) therefore decide how and where that conveyance is employed.

By signing this document and submitting it with an application to transact marine carrier operations, I acknowledge that my company is a conveyance operating carrier, and confirm that I am aware of my company's obligations to comply with program requirements pursuant to the *Customs Act Act* and/or other associated Acts and regulations, including, but not limited to, the submission of advance commercial information, if I am granted a CBSA carrier code.

Signature of Signing Authority for Applicant Company

Print Name and Title

Legal Name of Company

Date