

RESIDENTIAL TENANCIES OFFICE

AUTHORIZATION TO ACT AS AGENT

An agent is someone authorized by the tenant or landlord to act on their behalf during a dispute.

To be completed by the landlord or tenant (the "Principal") authorizing the agent to act on their behalf		
☐ I authorize		to act on my behalf for all matters,
1 dathonizes	Name of agent	to dot off my bottom for all matters,
including decision-making, in relation to	Residential Tenancies File #	.
I give consent for the Residential Tenan direction to my agent and to take direction		ation related to this file to my agent, to give ection were coming from me.
I understand this authorization remains writing to the Residential Tenancies Off		o this file unless I revoke this authorization in
I understand I must obtain legal advice this form is not a substitute for legal ad		erns about appointing an agent. I understand
Name of Principal (first and last name)	Signature of Principal	YYYY-MM-DD Date
Marie of Frincipal (lifst and last name)	Signature of Frincipal	Date
To be completed by the person agreeing	to act as the Principal's agen	t
Duty of Care — I understand I must act with care and consideration, the same as the Principal would, using the same discretion as if personally were incurring the gain or loss. Though the level of care may not be explicitly defined, I understand the level of care should be equal to what is reasonably expected.		
Duty of Obedience — I will comply with the reasonable instructions of the Principal. This includes situations where the Principal may be disadvantaged but has instructed me to act in a specific manner.		
Duty of Disclosure — I understand I hamanner.	ave a duty to disclose information	on to the Principal in an accurate and timely
☐ Duty of Separation — I understand I n conflict of interest or bias influences an		ncipal's affairs separate and will ensure no ake on behalf of the Principal.
I understand that acting as an agent is in the best interest of the Principal.	an important decision-making ro	ole that requires me to act in good faith and
I understand I must obtain legal advice understand this form is not a substitute		erns about my obligations as an agent. I
		YYYY-MM-DD
Name of Agent (first and last name)	Signature of Agent	Date