



Notice of appointment and limited revocable power of attorney
for suppliers of alcoholic beverages

NOTICE OF APPOINTMENT

Supplier: _____
(Name of supplier or company as registered at the SAQ)

Headquartered at:

(Address as registered at the SAQ)

Address: _____

City/Province: _____

Country: _____ Postal Code: _____

Duly represented by*:

Name: _____ Function: _____

Telephone: _____ Email address: _____

Fax: _____

(Hereinafter the "**Supplier**")

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

The Agent must be listed in the Registre des entreprises individuelles, des sociétés et des personnes morales du gouvernement du Québec ([CIDREQ](#)) as a business operating in Quebec in the field of promoting the sale of alcoholic beverages.

Agent: _____
(Name of agent or company as registered at the SAQ)

Headquartered at:

(Address as registered at the SAQ)

Address: _____

City/Province: _____

Country: _____ Postal Code: _____

Duly represented by*:

Name: _____ Function: _____

Telephone: _____ Email address: _____

Fax: _____

(Hereinafter the "**Agent**")

The notice of appointment is effective on _____th day of _____ 20____ and is valid as long as the SAQ has not received a written modification or revocation request. This notice of appointment is valid:

(Check the box that applies)

☐ **For all of our products**

Or

☐ **For the following products**

(Join the list of products including the SAQ product code and description)



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LIMITED REVOCABLE POWER OF ATTORNEY

A supplier may retain the service of an agent to carry out promotional activities without necessarily commissioning him for certain aspects of merchandising (see section *Scope of power of attorney* below.) In this case, only the section *Notice of appointment* should be completed, signed, and returned to the SAQ.

Otherwise, check the box that applies:

☐

The Supplier appoints the Agent to act on his behalf in the dealings with the Société des alcools du Québec regarding **his products from all his warehouses**. (Do not specify the addresses)

OR

☐

The supplier appoints the Agent to act on his behalf in the dealings with the Société des alcools du Québec regarding **his products only from the following warehouses**: (Please specify the addresses below)

Shipment location: _____

Address: _____

City/Province: _____

Country: _____ Postal Code: _____

Shipment location: _____

Address: _____

City/Province: _____

Country: _____ Postal Code: _____

Shipment location: _____

Address: _____

City/Province: _____

Country: _____ Postal Code: _____

Scope of power of attorney (Must be completed)

(Check all boxes that apply.)

☐

A) To submit a product during the selection or renewal process.
To submit a request for a catalogue change or product substitution request.
To submit a price modification request.
To agree on volume discounts, payment terms or other financial obligations.

☐

B) To register a product in a promotional program and agreeing on related financial obligations.

☐

C) To confirm and/or reject an order via the transaction portal.

To carry out the above, the **Agent** may sign any necessary form, document or correspondence, and do whatever he or she deems necessary, subject to the limits set out in this power of attorney, with the same authority as the **Supplier**.

Without limiting the generality of the foregoing, but for clarification purposes only, the Supplier agrees to be fully responsible with the agent for any financial commitment entered with the SAQ under this power of attorney, including programs in advertising and promotion. Accordingly, the Supplier waives the defect from the agent to refuse to honor any financial commitment entered with the SAQ.



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

Please note that an incomplete form, including any error in the entity, address or any other error, will be considered as invalid.

All applicable sections must be completed, signed and returned to the SAQ by the **Supplier** by email at fournisseur.amm@saq.qc.ca.

Following the reception of the duly completed form, the SAQ will send you your power of attorney number.

This power of attorney is valid until the **Supplier** revokes it in writing by sending an original copy of the revocation request to the SAQ at the above-mentioned email address. This power of attorney will be revoked ten (10) days after the revocation request is received by the SAQ.

By signing this document, the supplier replaces and cancels all notice of appointment of an agent that could have been signed before this date for the products mentioned above. In addition, the signature of this document constitutes an expressed revocation of all written power of attorney signed by the supplier prior to the date hereof in relation to the products mentioned above.

IN WITNESS WHEREOF, the **Supplier** has signed this power of attorney on this ____th day of _____ 20____.

SUPPLIER

Represented by:

Signature

Title and name of the duly authorized representative*
(In block letters)

Function of the duly authorized representative*
(In block letters)

**The term "authorized representative" refers to a natural person who, within the organisation of the Supplier, has the authority to sign contractual documents on its behalf.*

For more information, please contact
the **Service d'Assistance aux Relations d'Affaires (SARA)**,
our business relations assistance service,
at sara@saq.qc.ca, or 514 254-2711.