



**MINISTRY OF PUBLIC AND BUSINESS SERVICE DELIVERY**  
**Ministère des Services au public et aux entreprises**

**APOSTILLE**  
 (Convention de La Haye du 5 Octobre 1961)

1. Country: / Pays : **Canada**

This public document / Le présent acte public

2. has been signed by / a été signé par

3. acting in the capacity of / agissant en  
qualité de **Notary Public**

4. bears the seal / stamp of / est revêtu du  
sceau / timbre de **Notary Public**

**Certified**  
Attesté

5. at / à

**Toronto, Ontario**

6. the / le **2025-03-10**

7. by / par

8. N° / sous n°

9. Seal / stamp / Sceau / timbre :

**10. Signature / Signature :**



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北京盈科(上海)律师事务所  
BEIJING YINGKE LAW FIRM  
SHANGHAI OFFICE

全球视野 本土智慧  
Global Mindset Local Instinct

## 委托书

兹委托北京盈科（上海）律师事务所 [REDACTED] 律师 [REDACTED] 律师为贵院受理的 [REDACTED] 人继承纠纷一案中 [REDACTED] 的代理人，并希于开庭审理前通知代理人，以便出庭。

### 代理权限：

特别授权，包括代为起诉（包括签署起诉状）立案；开庭；举证质证；辩论；代为签署有关文书；代为接受调解；代为承认、变更、放弃诉讼请求；申请强制执行；提出上诉（包括签署上诉状）等。

此致  
人民法院

委托人（签名）：[REDACTED]

受托人：[REDACTED] 律师事务所

地址：上海市 [REDACTED]

邮 编：[REDACTED]

电 话：[REDACTED]

传 真：[REDACTED]

日期：2025年3月8日

I was personally present  
when the document was signed.

## Power of Attorney

To: People's Court

We hereby entrust Lawyer [REDACTED] and Lawyer [REDACTED] from Beijing Yingke Law Firm Shanghai Office to act as the agents of [REDACTED] in the inheritance dispute case between [REDACTED] and [REDACTED] accepted by your court. Please notify the agents before the court session so that they can appear in court.

### Scope of Agency Authority:

Special authorization, including filing a lawsuit and registering the case on behalf of the principal (including signing the statement of claim); attending court sessions; presenting evidence and cross-examining; debating; signing relevant documents on behalf of the principal; accepting mediation on behalf of the principal; admitting, altering, or waiving litigation requests on behalf of the principal; applying for compulsory enforcement; filing an appeal (including signing the appeal petition), etc.

Principal (Signature): [Signature]

Agent: [REDACTED]

Address: [REDACTED]

No. [REDACTED]

Postal [REDACTED]

Tel [REDACTED]

Fax. [REDACTED]

Date [REDACTED]

