

# DELEGATION OF POWER OF ATTORNEY FOR SALE OF CHAMETZ

KNOW YE that I, the undersigned, fully empower and permit the **Jewish Community Council of Montreal** to act in my place and stead, and on my behalf to sell all CHAMETZ possessed by me (knowingly or unknowingly) defined as claimed by The Torah and Rabbinic Law (e.g. Chametz, doubt of Chametz, and all kinds of Chametz mixtures), as well as Chametz that tends to harden and to adhere to a surface of inside of pans, pots and cooking and usable utensils and all kinds of live animals that have been eating Chametz or mixtures thereof, and to lease all places wherein the Chametz owned by me may be found, especially in the premises indicated below and elsewhere.

The **Jewish Community Council of Montreal** has the full right to sell and to lease by transactions, as they deem fit and proper and for such time which they believe necessary in accordance with all terms detailed in the general authorization contract which is in the possession of the **Jewish Community Council of Montreal** authorizing them to sell Chametz; on behalf of others. I hereby give the said **Jewish Community Council of Montreal** full power and authority to appoint a substitute in their stead with full power to sell and lease as provided herein. The above given power is in conformity with all Torah, Rabbinical regulations and laws, and also in accordance with the laws of the Province of Quebec and of Canada.

Date: \_\_\_\_\_ (Please Print)

Name: \_\_\_\_\_ (Please Print) Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, Province \_\_\_\_\_

Office Address:  
(if Chametz in office) \_\_\_\_\_

City, Province \_\_\_\_\_

If I will be away from home during Pesach, my key will be at:

Name: \_\_\_\_\_

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

City, Province \_\_\_\_\_

Indicated below are my primary forms of Chametz, with general location and approximate value. However, the authorization to sell my Chametz; also includes all Chametz, even if not listed below.

| TYPE OF CHAMETZ | GENERAL LOCATION | APPROXIMATE VALUE |
|-----------------|------------------|-------------------|
|                 |                  |                   |
|                 |                  |                   |

Please complete form and email to [passover@mk.ca](mailto:passover@mk.ca)  
or fax to the **Jewish Community Council** at **514-739-7024**  
by Wednesday **17<sup>th</sup> April 2019 (12<sup>th</sup> Nissan 5779) 10 a.m.**