

**Authorization for Claims Filed by Related Entities  
on behalf of a Settlement Class Member**

This Schedule is to be completed only if the Claim is being submitted by a parent company claiming on behalf of a subsidiary or affiliate.

Contact Information for individual completing this authorization:

Name:	
Title/Position:	
Address:	
Email:	
Phone:	

I \_\_\_\_\_ [*name of Settlement Class member*]  
authorize \_\_\_\_\_ [*name of representative*] to file  
a claim in the Canadian Farmed Atlantic Salmon Class Action Distribution on my behalf.

I understand that all communications relating to the claim will be directed towards my representative and that any resulting payment will be issued to my representative.

DATED at \_\_\_\_\_ [*name of city*], in the Province of \_\_\_\_\_,  
this \_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

I have the authority to bind the corporation