

**Authorization for Claims Filed by a Representative
(including a third-party claims service or lawyer of their own choosing)
on behalf of a Settlement Class Member**

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 Farmed Atlantic Salmon Class Action Distribution on my behalf.

I understand that the claims filing process was designed to enable Settlement Class members to file claims without the assistance of an agent and that the Settlement Class member can contact the Class Counsel at no charge to ask questions about the claims filing process.

I have reviewed the information to be submitted by my representative as part of the claim Form, including the value of my Salmon Purchases. I understand that my representative will be claiming for Salmon Purchases in the amount of \$_____. I can attest based on personal knowledge that the information to be submitted by the representative, including the amount claimed for Salmon Purchases, accurately reflects my business records.

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