

# Corporate Signing Authority Form

***(To be printed on business letterhead. Please delete this instruction before printing.)***

I, \_\_\_\_\_, (name of corporate representative) am able to bind the corporation in relation to the **Window and Storefront Repair Grant Program** through the **Old Strathcona Business Association**, pursuant to:

- I am a director of the corporation (corporate search attached less than 30 days old)
- The attached affidavit
- The attached management agreement

**Corporate owner name:** \_\_\_\_\_

Corporation name as registered at Land Titles

**Property Management Company Name:**

(if form is being completed by a Property Manager) \_\_\_\_\_

**Contact mailing address:** \_\_\_\_\_

**Contact email address:** \_\_\_\_\_

**Contact phone number:** \_\_\_\_\_

I agree to inform the Old Strathcona Business Association, in writing, if I am removed as a signing authority of the corporation, or if I no longer have the ability to bind the corporation.

\_\_\_\_\_  
**Signature of Authorized Signatory/  
Property Manager**

\_\_\_\_\_  
**Date**

Forward the completed and signed form email to [admin@oldstrathcona.ca](mailto:admin@oldstrathcona.ca).

\_\_\_\_\_  
The Old Strathcona Business Association shall maintain the completed corporate signing authority form for two years.