Limited Power of Attorney

	overnment of Prince Edward Island, as represented by the Minister of Innovation and Advanced Learning Government")
1.	I, appoint: (print full name of borrower giving the power of attorney)
	to be my attorney
	(print the full name of the person you appoint)
	to act on my behalf in all matters pertaining to student loans issued or managed by the Government of Prince Edward Island through the Prince Edward Island Student Loan Program including, but not limited to, entering into and endorsing, on my behalf, the Certificate of Eligibility.
2.	I acknowledge and agree that my attorney, by entering into and endorsing the Certificate of Eligibility, binds me to all terms, conditions and obligations associated with such form and including repayment obligations.
3.	I confirm that both I and my attorney are at least 18 years old.
4.	I understand that my attorney may act on my behalf until this limited power of attorney is terminated or revoked.
5.	Any notice of revocation by me must be in writing, signed, dated and witnessed in the same way as this limited power of attorney. All other notices must be in writing, signed and dated. All notices, including an notice of revocation must be forwarded to EDULINX - PEI. Until any notice has been given and acknowledged in writing by the Government, all that my attorney will do in accordance with this power of attorney is fully accepted and confirmed.
6.	My attorney is not entitled to compensation for acting pursuant to this power of attorney.
7.	Signature of Borrower giving the Limited Power of Attorney
	gnature: Date:
Oig	(sign your name in the presence of two witnesses)
٨٨	dress:
Au	(insert your full current address)
0	
	Witness Signature
No	tes:
	 Both witnesses must be present together when you sign. Both witnesses must sign their names in your presence and in the presence of each other. The following people cannot be witnesses: the attorney or his or her spouse or partner; the spouse, partner or child of the borrower, or someone that the borrower treats as his or her child; a person whose property is under the guardianship or who has a guardian of the borrower; a person under th age of 18.
	Witness #1: Signature: Print Name
	Address:
	Date:
	Witness #2: Signature: Print Name
	Address:
	Date:
9.	Signature of Attorney
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	Date:
	(sign name of attorney)