

**AUTHORIZATION TO PERFORM CREDIT SEARCH/
CREDIT BUREAU REPORT**

Authorization to Obtain Credit Information

In relation to the provision of consulting, counseling and/or insolvency services by Crowe Soberman Inc. / Crowe Soberman LLP I _____, hereby authorize Crowe Soberman Inc. and/or any of its agents, affiliates or associated companies (collectively the **“Firm” Crowe Soberman LLP**) to perform a credit search on me and obtain any credit (bureau) reports about me from time to time, as the Firm may, in its sole discretion, believe is necessary, appropriate or expedient in connection with the performance of its professional and/or statutory duties.

Use of Credit Information

I understand and agree that the information obtained will be used by the Firm in any manner which, in its sole and absolute discretion, it feels is consistent with its professional role and mandate and statutory obligations, and I hereby waive my right to dispute or complain about such usage, except in the case of gross negligence or professional malfeasance.

Duration of Authorization

This authorization shall remain in effect until the earlier of the Trustee’s discharge (in the case of an insolvency matter in which the Firm is acting as Trustee) **AND** I withdraw this authorization, in writing, and I advise the Firm by registered mail, addressed to the Firm’s privacy officer and to the Trustee, if one is in place.

After Authorization Withdrawn or Terminated

If and when this authorization shall be withdrawn or terminated, all credit information obtained by the Firm up to that point shall remain its property and the Firm shall be at liberty to continue to use such information as if this authorization were still in effect. However, no new credit bureau information may be obtained by the Firm pursuant to this authorization after it is withdrawn or terminated.

Dated at the City of Toronto, Ontario this ____ day of _____, 20__.

Witness

Signature of Authorizing Person

Print Name of Authorizing Person