| CONTACT NUMBER | SEQ. NO: |
|---|----------|
| | |
| | |
| UNIFOR PROXY B | ID FORMS |
| SCHEDULE | BID |
| DATE: | |
| OWNER AGENTS NAME: | |
| EMPLOYEE NUMBER: | |
| UNIFOR SENIORITY DATE: | |
| I, HEREBY, AUTHORIZE THE FOLLOWING CUSTOM MY BEHALF ON THE DATE AND APPOINTED TIME P | |
| PROXY AGENT'S NAME: | |
| PROXY AGENT PHONE NUMBER: | |
| PROXY AGENT'S EMP. #: | |
| I UNDERSTAND THAT NEITHER AIR CANADA NOR U THE FAILURE OF THE ABOVE PROXY AGENT TO BI THAT HE/SHE MAY MAKE. | |
| OWNED ACENT'S SIGNATURE. | |

Please provide a copy to UNIFOR at the office or by email at: d300info@gmail.com and a copy to the agent bidding on your behalf by the deadline posted in the bid packages.

PROXY AGENT'S SIGNATURE: