



AGENT AUTHORIZATION FORM

Company Description:

Address: _____

City: _____ Postal Code: _____

Please print:

Authorizer : _____

Brand Name : _____

Telephone: _____ Email: _____

The undersigned, registered company owner of the above noted company, do hereby authorize:

Qi Zhang, of Sojo Canada Inc.
(Authorized Person) (Authorized Company)

Telephone: 1-647-930-3228 Email: sophia@sojocanada.com

to act on my behalf and take all actions necessary to seek suitable exclusive distributors in China, within 6 months after the date of signing.

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

Authorizer Signature

Authorized Person Signature

Date: _____
YYYY/MM/DD

Date: _____
YYYY/MM/DD