

卑诗省政府发布的增强版代理协议书（第9节）表格导览



第三部分

卑诗省政府发布的增强版代理协议书（第9节）表格导览

本文件将协助你浏览卑诗省政府发布的增强版代理协议书（第9节）表格，解释说明你需要在哪个部分提供什么信息

有关增强版代理协议书的一般信息，请参阅文档“[您需要了解的有关增强版代理协议书的事情](#)”，该文档包含有关增强版代理协议书的基本信息。

第一页

BRITISH COLUMBIA

REPRESENTATION AGREEMENT (SECTION 9)

Made under Section 9 of the *Representation Agreement Act*.
The use of this form is voluntary. Be advised that this form may not be appropriate for use by all persons, as it provides only one option of how a Representation Agreement may be made. In addition, it does not constitute legal advice. For further information, please consult the *Representation Agreement Act* and Representation Agreement Regulation or obtain legal advice.
This form reflects the law at the date of publication. Laws can change over time. Before using this form, you should review the relevant legislation to ensure that there have not been any changes to the legislation or section numbers.
The notes referenced in this Representation Agreement are found at the end of this Agreement and are provided for information only.

1. THIS REPRESENTATION AGREEMENT IS MADE BY ME, THE ADULT:

Full Legal Name of the Adult	Date (YYYY / MM / DD)
Full Address of the Adult	

2. REVOCATION OF PREVIOUS INSTRUMENTS
(See Note 1 – actions that must be taken to revoke a previous Representation Agreement)
(See Note 2 – effect of revocation on previous Representation Agreements)

I revoke all of the following made by me.

- all previous Representation Agreements granting authority under section 7 of the *Representation Agreement Act*;
- all previous Representation Agreements granting authority under section 9 of the *Representation Agreement Act*.

3. REPRESENTATIVE
(See Note 3 – who may be named as Representative)

I name the following person to be my Representative:

Full Legal Name of Representative
Full Address of Representative

4. ALTERNATE REPRESENTATIVE (OPTIONAL)
(See Note 3 – who may be named as Representative)
(Strike out this provision if you do not want to appoint an Alternate Representative.)

If my Representative

- dies,
- resigns in accordance with the *Representation Agreement Act*,
- is my spouse, as defined in the *Representation Agreement Act*, at the time that I make this Representation Agreement, and our marriage or marriage-like relationship subsequently terminates as set out in the *Representation Agreement Act*, or
- becomes incapable,

then I name the following person to be my Alternate Representative:

Full Legal Name of Alternate Representative
Full Address of Alternate Representative

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请注意：此代理协议书必须用英语填写。

本节是代理协议书简介，该表格完全自愿填写，请注意它可能不适用于所有情况，也不是法律建议。这一部分还提示在该协议书有一些备注。

第1节是你填写姓名，地址和出生日期的地方。请使用与政府签发的身份证明上的相同的资料（例如，卑诗省驾驶执照，卑诗省服务卡或护照）。

第2节提示，填写此表后，它将代替以前的所有的代理协议书。

下面的备注1和2中有更多注释。注释说明要给予之前的代理人书面通知以取消之前的代理协议书。你可以选择给他（们）一份新的代理协议书副本以作为书面通知。

(翻到下一页继续阅读)

BRITISH COLUMBIA

REPRESENTATION AGREEMENT (SECTION 9)

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This form reflects the law at the date of publication. Laws can change over time. Before using this form, you should review the relevant legislation to ensure that there have not been any changes to the legislation or section numbers.

The notes referenced in this Representation Agreement are found at the end of this Agreement and are provided for information only.

1. THIS REPRESENTATION AGREEMENT IS MADE BY ME, THE ADULT:

Full Legal Name of the Adult	Date (YYYY / MM / DD)
Full Address of the Adult	

2. REVOCATION OF PREVIOUS INSTRUMENTS
(See Note 1 – actions that must be taken to revoke a previous Representation Agreement)
 (See Note 2 – effect of revocation on previous Representation Agreements)

I revoke all of the following made by me.

- all previous Representation Agreements granting authority under section 7 of the *Representation Agreement Act*;
- all previous Representation Agreements granting authority under section 9 of the *Representation Agreement Act*.

3. REPRESENTATIVE
(See Note 3 – who may be named as Representative)

I name the following person to be my Representative:

Full Legal Name of Representative
Full Address of Representative

4. ALTERNATE REPRESENTATIVE (OPTIONAL)
(See Note 3 – who may be named as Representative)
 (Strike out this provision if you do not want to appoint an Alternate Representative.)

If my Representative

- dies,
- resigns in accordance with the *Representation Agreement Act*,
- is my spouse, as defined in the *Representation Agreement Act*, at the time that I make this Representation Agreement, and our marriage or marriage-like relationship subsequently terminates as set out in the *Representation Agreement Act*, or
- becomes incapable,

then I name the following person to be my Alternate Representative:

Full Legal Name of Alternate Representative
Full Address of Alternate Representative

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第3节需要你填写指定的代理人的姓名和地址（使用由政府签发的身份证明上完整的法定姓名和地址）。

备注3解释了谁可以做代理人和替补代理人。你用这个表格可以指定一位代理人 and 一位替补代理人。如果你想任命更多的人，你应该使用其他表格。

你的代理人和替补代理人必须年满19岁。不可以是接受报酬（从你或他们的雇主处获得）为你提供医疗护理或个人护理的人。（除非是他们是你的孩子，父母或配偶。）

第4节 讨论了替补代理人以及他们在什么情况下会成为代理人

如果打算任命一位替补代理人，你需要在此处填写他们的姓名和地址。使用政府签发的身份证明上完整的法定姓名和地址。如果你不打算任命一位替补代理人，请在此部分上划一条线。

本节叙述如果发生以下情况，你的替补代理人会成为代理人：

- 如果你的代理人已去世
- 如果你的代理人已辞职
- 如果你的代理人失能
- 如果你的代理人是你的配偶，你们的关系在制定这份协议书后终止

如果你想在其他情况下让你的替补代理人成为代理人，你需要使用其他表格。

BRITISH COLUMBIA

5. EVIDENCE OF AUTHORITY OF ALTERNATE REPRESENTATIVE
(See Note 4 - statutory declaration for evidence of authority of Alternate Representative)
 (Strike out this provision if you are not appointing an Alternate Representative.)

A statutory declaration made by me, my Representative, or my Alternate Representative (if one is named), declaring that one of the circumstances referenced in section 4 of this Representation Agreement has occurred, and specifying that circumstance, is sufficient evidence of the authority of my Alternate Representative to act in place of my Representative.

6. AUTHORITY OF REPRESENTATIVE
(See Note 5 - what a Representative may and may not do)
 Pursuant to section 9 (1) (a) of the *Representation Agreement Act*, I authorize my Representative to do anything that the Representative considers necessary in relation to my personal care and health care.

7. INSTRUCTIONS OR WISHES (OPTIONAL)
(See Note 6 - consultation with a health care provider)
 The following are my instructions or wishes with respect to decisions that will be made within the areas of authority given to my Representative under this Representation Agreement:

8. EFFECTIVE DATE
 This Representation Agreement becomes effective on the date it is executed.

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第5节解释了必须要做一个法律声明（也称法定声明）来允许你的替补代理人代替你的代理人。你，你的代理人或你的替补代理人在需要时可以做这个法律声明。

备注4指出这份代理协议书表格包含一个法律声明样本，请查看第6页。

第6节的意思是说在你无法为自己做医疗护理和个人护理决定时，你授权你的代理人为你做出相关决定。

备注5列出在哪些情况下你的代理人可以替你做决定，在哪些情况下不可以。包括同意维持生命或拒绝的医疗照护。

更多关于你的代理人可以做或不能做的决定的资讯，请查看” [您需要了解的有关增强版代理协议书的事情](#) ”

如果你想选择或限制你的代理人可以做的决定，你需要使用其他表格。

第7节，你可以写下你的指示或意愿让你的代理人遵守。写下你的意愿或指示是自愿的。

你也可以在一份单独的文件上写下你的指示或意愿，在有需要的时候便于更改。无论你将它们写在这份文件或其他地方，你的代理人必须遵守你的指示或意愿。

备注6 提醒你在你写下你的指示或意愿时，你可能想要咨询你的医务人员以理解你的指示和意愿。

第8节解释当你，见证人，你的代理人和替补代理人（如果你指定了一位）签字后，你的代理协议书就生效。

BRITISH COLUMBIA

9. SIGNATURES

ADULT AND WITNESS SIGNATURES

ADULT'S SIGNATURE
 * The Adult must sign and date in the presence of both Witnesses.

Signature of Adult _____ Date Signed (YYYY / MM / DD) _____
 Print Name _____

WITNESSES TO ADULT'S SIGNATURE
 (See Note 7 – information for witnesses)

WITNESS NO. 1
 * Witness No. 1 must sign in the presence of the Adult and Witness No. 2.

Signature of Witness No. 1 _____ Date Signed (YYYY / MM / DD) _____
 Print Name _____
 Address _____

WITNESS NO. 2
 * Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia.
 * Witness No. 2 must sign in the presence of the Adult and Witness No. 1.

Signature of Witness No. 2 _____ Date Signed (YYYY / MM / DD) _____
 Print Name _____
 Address _____

If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below:
 Lawyer
 member of the Society of Notaries Public of British Columbia

REPRESENTATIVES' SIGNATURES
 (See Note 8 – when a Representative may exercise authority under this Representation Agreement)

REPRESENTATIVE

Signature of Representative _____ Date Signed (YYYY / MM / DD) _____
 Print Name _____

ALTERNATE REPRESENTATIVE
 (Strike out if an Alternate Representative is not appointed.)

Signature of Alternate Representative _____ Date Signed (YYYY / MM / DD) _____
 Print Name _____

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第9节是你在见证人的见证下签署姓名和日期，以及你的见证人签字的地方。你的见证人需要签署他们法定姓名和地址，相关资料要与政府颁发的身份证明上的资料保持一致。

如果你的见证人是一名律师或一名公证人，你不需要第二位见证人。

备注7解释了谁可以做见证人，谁不可以做，需要的见证人数要求，以及如果见证人反对该协议书该如何处理。

你的见证人不可以是：

- 你指定为代理人或替补代理人的人士
- 你指定为代理人或替补代理人的人士的配偶，孩子或父母
- 你指定为代理人或替补代理人的人士的雇员（除非你的代理人是一名律师，公证人，或卑诗省公共监护及受托人）
- 年龄不足19岁的人

一个不了解你如何沟通的人（除非有口译员在场）

这个部分必须是你的代理人签署姓名和日期的位置。如果你打算指定替补代理人，他们也必须签署姓名和日期。但是他们无需在你和你的见证人在场的时候签署。

如果你不打算指定替补代理人，请在此处划一条线。

备注8说明只有在你的代理人签名后，他们才能替你做决定。

BRITISH COLUMBIA

STATUTORY DECLARATION FOR EVIDENCE OF AUTHORITY OF ALTERNATE REPRESENTATIVE

This statutory declaration may be completed by the adult, the representative, or the alternate representative, as evidence of the authority of the alternate representative to act in place of the representative. This statutory declaration would be completed if one of the circumstances in which the alternate representative is authorized to act in place of the representative occurs to establish the authority of the alternate representative.

CANADA
PROVINCE OF BRITISH COLUMBIA

IN THE MATTER OF the *Representation Agreement Act* re: a Representation Agreement made by

_____ naming _____ as Representative
name of Adult name of Representative

TO WIT:

I, _____
Name

of _____
Full Address

SOLEMNLY DECLARE THAT:

a. I am the (strike out the descriptions that do not apply):
 adult who made the representation agreement
 representative named under the representation agreement
 alternate representative named under the representation agreement.

b. One of the circumstances referenced in the Representation Agreement in which the alternate representative is authorized to act in place of the representative has occurred, specifically (describe the specific circumstance resulting in the alternate representative having authority to act):

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME AT

_____ location _____ Declarant's Signature
 on _____ date _____

 Signature of Commissioner for taking Affidavits
 for British Columbia

 Commissioner for taking Affidavits for British Columbia
 (Apply stamp, or type or legibly print name of Commissioner)

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这是一项允许你的替补代理人替你做决定的法律声明（在备注4中提及）

只有在你的代理人由替补代理人代替时才会被用到。在你最初制定代理协议书时无需做出该法律声明。

(a) 部分显示是谁在做出法律声明：你（制定该代理协议书的成年人），你的代理人，或你的替补代理人。

(b) 部分需要填写替补代理人取代代理人权利的原因。需从第4节中列出的原因中选择一个。

本节由做出该法律声明的人签署，而且他们必须在一名卑诗省管理宣誓事务的专员面前签名，该专员也需签名。

律师和公证人都属于专员。其他人也可被任命为专员。

本档中的信息不属于法律建议。此信息专属于居住在加拿大卑诗省的人。 本文件还提供[繁体中文](#)、[旁遮普文](#)和[英文](#)版本。

本文件由卑诗省非营利组织 BC Centre for Palliative Care 开发，请通过office@bc-cpc.ca与我们联系。由卑诗省法律学会（ BC Law Institute ）加拿大老年法律中心（ Canadian Centre for Elder Law ）全国总监（National Director）克里斯塔·詹姆斯（Krista James）审查法律准确性。 2021年3月



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