

# 卑詩省政府發布的增強版代理協議書（第9節）表格導覽



第三部分

卑詩省政府發布的增強  
版代理協議書（第9節）  
表格導覽

本文件將協助你瀏覽卑詩省政府發布的增強版代理協議書（第9節）表格，解釋說明你需要在哪個部分提供什麼信息

有關增強版代理協議書的一般信息，請參閱文檔“[您需要了解的有關增強版代理協議書的事情](#)”，該文檔包含有關增強版代理協議書的基本信息。

第一頁

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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請注意：此代理協議書必須用英語填寫。

本節是代理協議書簡介，該表格完全自願填寫，請注意它可能不適用於所有情況，也不是法律建議。這一部分還提示在該協議書有一些備註。

第1節是你填寫姓名，地址和出生日期的地方。請使用與政府簽發的身份證明上相同的資料（例如，卑詩省駕駛執照，卑詩省服務卡或護照）。

第2節提示，填寫此表後，它將代替以前的所有的代理協議書。

下面的備註1和2中有更多註釋。註釋說明要給予之前的代理人書面通知取消之前的代理協議書。你可以選擇給他（們）一份新的代理協議書副本以作為書面通知。

(翻到下頁繼續閱讀)

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節**需要你填寫指定的代理人的姓名和地址（使用由政府簽發的身份證明上完整的法定姓名和地址）。

**備註3**解釋了誰可以做代理人和替補代理人。你用這個表格可以指定一位代理人 and 一位替補代理人。如果你想任命更多的人，你應該使用其他表格。

你的代理人和替補代理人必須年滿19歲。不可以是接受報酬（從你或他們的雇主處獲得）為你提供醫療護理或個人護理的人。（除非是他們是你的孩子，父母或配偶。）

**第4節** 討論了替補代理人以及他們在什麼情況下會成為代理人

如果打算任命一位替補代理人，你需要在此處填寫他們的姓名和地址。使用政府簽發的身份證明上完整的法定姓名和地址。如果你不打算任命一位替補代理人，請在此部分上劃一條線。

本節敘述如果發生以下情況，你的替補代理人會成為代理人：

- 如果你的代理人已去世
- 如果你的代理人已辭職
- 如果你的代理人失能
- 如果你的代理人是你的配偶，你們的關係在制定這份協議書後終止

如果你想在其他情況下讓你的替補代理人成為代理人，你需要使用其他表格。



BRITISH COLUMBIA

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**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.

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**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.

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**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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**第5節**解釋了必須要做一個法律聲明（也稱法定聲明）來允許你的替補代理人代替你的代理人。你，你的代理人或你的替補代理人在需要時可以做這個法律聲明。

**備註4**指出這份代理協議書表格包含一個法律聲明樣本，請查看第6頁。

**第6節**的意思是說在你無法為自己做醫療護理和個人護理決定時，你授權你的代理人為你做出相關決定。

**備註5**列出在哪些情況下你的代理人可以替你做決定，在哪些情況下不可以。包括同意維持生命或拒絕的醫療照護

更多關於你的代理人可以做或不能做的決定的資訊，請查看”[您需要了解的有關增強版代理協議書的事情](#)”

如果你想選擇或限制你的代理人可以做的決定，你需要使用其他表格。

**第7節**，你可以寫下你的指示或意願讓你的代理人遵守。寫下你的意願或指示是自願的。

你也可以在一份單獨的文件上寫下你的指示或意願，在有需要的時候便於更改。無論你將它們寫在這份文件或其他地方，你的代理人必須遵守 你的指示或意願。

**備註6** 提醒你在你寫下你的指示或意願時，你可能想要諮詢你的醫務人員以理解你的指示和意願。

**第8節**解釋當你，見證人，你的代理人 and 替補代理人（如果你指定了一位）簽字後，你的代理協議書就生效。

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

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**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節**是你在見證人的見證下簽署姓名和日期，以及你的見證人簽字的地方。你的見證人需要簽署他們法定姓名和地址，相關資料要與政府頒發的身份證明上的資料保持一致。

如果你的見證人是一名律師或一名公證人，你不需要第二位見證人。

**備註7**解釋了誰可以做見證人，誰不可以做，需要的見證人人數要求，以及如果見證人反對該協議書該如何處理。

你的見證人不可以是：

- 你指定為代理人或替補代理人的人士
- 你指定為代理人或替補代理人的人士的配偶，孩子或父母
- 你指定為代理人或替補代理人的人士的僱員（除非你的代理人是一名律師，公證人，或卑詩省公共監護及受託人）
- 年齡不足19歲的人

一個不了解你如何溝通的人（除非有口譯員在場）

這個部分必須是你的代理人簽署姓名和日期的位置。如果你打算指定替補代理人，他們也必須簽署姓名和日期。但是他們無需在你和你的見證人在場的時候簽署。

如果你不打算指定替補代理人，請在此處劃一條線。

**備註8**說明只有在你的代理人簽名後，他們才能替你做決定。

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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這是一項允許你的替補代理人替你做決定的法律聲明（在備註4中提及）

只有在你的代理人由替補代理人代替時才會被用到。在你最初制定代理協議書時無需做出該法律聲明。

(a) 部分顯示是誰在做出法律聲明：你（制定該代理協議書的成年人），你的代理人，或你的替補代理人。

(b) 部分需要填寫替補代理人取代代理人權利的原因。需從第4節中列出的原因中選擇一個。

本節由做出該法律聲明的人簽署，而且他們必須在一名卑詩省管理宣誓事務的專員面前簽名，該專員也需簽名。

律師和公證人都屬於專員。其他人也可被任命為專員。

本文檔中的信息不屬於法律建議。此信息專屬於居住在加拿大卑詩省的人。本文件還提供簡體中文、旁遮普文和英文版本。

本文件由卑詩省非營利組織 BC Centre for Palliative Care 開發，請通過office@bc-cpc.ca與我們聯繫。由卑詩省法律學會（BC Law Institute）加拿大老年法律中心（Canadian Centre for Elder Law）全國總監（National Director）克里斯塔·詹姆斯（Krista James）審查法律準確性。 2021年3月



本文件的制作得到加拿大衛生部的財政贊助，但文中的觀點不一定代表加拿大衛生部的觀點。

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