



Application Sequence Number

Application Sheet Count

# Condominium Application for Transfer (Part II: Setup)

New Parcel Number	Transform Number	Condo Unit Number	Parking Unit	Linked to Unit #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Title Numbers (only required if not a Transform) OR Application Sequence Numbers

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

New Owners:  Single Owner  Tenant in Common  Joint Tenants  Joint Tenants with no survivorship

Fractional Title Share  /

New Title Value  (New Title Value represents this title's share in the parcel)

For each new owner complete one of Section A or B (Corporation must complete Section A)

### Section A - New Owner(s) with Client Number(s)

Note: Use Client Application Form to amend Client Information. Do NOT Include in Packet.

Client Number(s)	Corporation Name OR Client Name (First, Second, Third and Last)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### Section B - New Owner(s) without Client Number(s)

Note: Will not create Corporation Number(s)

Client Name: Last	First	Second	Third	Phone Number (Include Area Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client Address	City	Province/State	Country (if outside Canada)	Postal/Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address				Fax Number (Include Area Code)
<input type="text"/>				<input type="text"/>

Client Name: Last	First	Second	Third	Phone Number (Include Area Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client Address	City	Province/State	Country (if outside Canada)	Postal/Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address				Fax Number (Include Area Code)
<input type="text"/>				<input type="text"/>

No Conditions OR  Conditional Registration Date and Time  (DD-MMM-YYYY HH: MM: SS.NNN) OR  Free and Clear

BUT subject to Saskatchewan Writ Registry writ or maintenance order

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------