



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"/>
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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 ☐ Free and Clear

BUT subject to Saskatchewan Writ Registry writ or maintenance order

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