

Authorization

_____, authorizes by the signature of its proper signing officers:
(Corporation Name)

Assignment to _____ of Interest Register Number _____
Interest Number(s)/Share Number(s)

 Amendment of Interest Register Number _____

Full Discharge of Interest Register Number _____

Partial Discharge of Interest Register Number _____
Interest Number(s)

Date (day, month, year) Witness Signature Corporate Officer Signature

Date (day, month, year) Witness Signature Corporate Officer Signature

Check if Witness is Lawyer for the Province of Saskatchewan _____
Lawyer Name

Affidavit Verifying Corporate Signing Authority (if no corporate seal)

We, _____ and _____ of _____ in the
(Corporate Officer) (Corporate Officer) (Place)

Province of _____ **severally make oath and say that:**

1. We are authorized signing officers as _____ and _____
(position) (position)

of _____ named in this document.
(Corporation Name)



2. We are authorized by the corporation to execute the document without affixing a corporate seal.

Severally sworn before me at _____

in the Province of _____

on _____
Date (day, month, year)

Corporate Officer Signature

A Commissioner for Oaths for Saskatchewan
OR Notary Public for the Province of

Corporate Officer Signature

My commission/appointment expires

OR Being a Solicitor
Date (day, month, year)

Affidavit of Execution (if witness other than lawyer)

I, _____ of _____ in the Province of _____
Witness Name Place

make oath and say that:

1. I personally know _____ and _____ are
(person whose signature was witnessed) (person whose signature was witnessed)

Or

I have satisfied myself that _____ and _____ are
(person whose signature was witnessed) (person whose signature was witnessed)

the individuals who signed this document on behalf of the Corporation Named in this document and I was personally present when it was signed.

2. The two individuals whose signatures I witnessed are in my belief the full age of eighteen years.

Sworn before me at _____

in the Province of _____

on _____
Date (day, month, year)

Witness Signature

A Commissioner for Oaths for Saskatchewan **OR**
Notary Public for the Province of

My commission/appointment expires

OR Being a Solicitor
Date (day, month, year)