



**Authorization**

I, \_\_\_\_\_, authorize:  
(Name of Interest Holder as appears on Title Print)

**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                      Interest Holder Signature

Check if Witness is Lawyer for the Province of Saskatchewan \_\_\_\_\_  
Lawyer Name

**Affidavit of Execution (if witness is not a Saskatchewan lawyer)**

I, \_\_\_\_\_ of \_\_\_\_\_ in the Province of \_\_\_\_\_  
Witness Name                      Place

**make oath and say that:**

1. I personally know \_\_\_\_\_ who is  
(person whose signature was witnessed)

**Or**  
I have satisfied myself that \_\_\_\_\_ is  
(person whose signature was witnessed)

the individual named in this document and I was personally present when it was signed.



2. The individual whose signature I witnessed is 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)