



**Transfer Authorization
Corporate Entity without seal
Signing on Behalf of Registered Owner**
Page 1 of 3

Authorization

_____, AS (indicate alternate authority type)
(Corporation Name)

- Personal Representative
- Power of Attorney
- Trustee in Bankruptcy
- Public Guardian and Trustee
- Property Guardian
- Property Co-Decision Maker
- Liquidator

for _____
(Name of Owner as it appears on title)

authorizes by the signature of its proper signing officer the transfer of Title Number(s):

Or Application Sequence Number(s):

To _____

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

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

Affidavit Verifying Corporate Signing Authority (if no corporate seal)

I, _____ of _____ in the Province of _____
Corporate Officer Place

make oath and say that:

1. I am the _____ of _____ named in this
(Position) (Corporation Name)
document.



**Transfer Authorization
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Page 2 of 3**

2. I am authorized by the corporation to execute the document without affixing a corporate seal.

Sworn before me at _____

in the Province of _____

on _____
Date (day, month, year)

Corporate Officer Signature

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

My commission/appointment expires
_____ **OR** Being a Solicitor
Date (day, month, year)

Affidavit of Execution (if witness other than 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 person who signed this document on behalf of the Corporation named in this document and I was personally present when it was signed.



**Transfer Authorization
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Page 3 of 3

2. The person 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)