



Authorization

We, _____, and _____
(Name of Owner as appears on Title) (Name of Owner as appears on Title)

authorize the transfer of Title Number(s):

Four sets of horizontal lines for entering title numbers.

Or Application Sequence Number(s):

Four horizontal lines for entering application sequence numbers.

To _____

_____, _____, _____
Date (day, month, year) Witness Signature Title Owner Signature

_____, _____, _____
Date (day, month, year) Witness Signature Title Owner Signature

[] Check if Witness is Lawyer in and 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 _____ and _____ who 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 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)