

Authorization

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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Or Application Sequence Number(s):

_____	_____	_____	_____
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To _____

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

_____	_____	_____
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)

We, _____ and _____ of _____ in the
Corporate Officer Corporate Officer Place
Province of _____ **severally make oath and say that:**

- We are the _____ and _____ respectively of
(Position) (Position)
_____ 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 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 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 signature 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)