



# Transform/Multiple Transfer Authorization

## Authorization

I, \_\_\_\_\_, as \_\_\_\_\_

Name (First, Second, Third and Last)

Position (if Corporation)

for \_\_\_\_\_ authorize:  Transform Number \_\_\_\_\_

Corporation Name (if Corporation)

Transfer of Full Parcel Number \_\_\_\_\_  Transfer of Condominium Unit Number \_\_\_\_\_

Transfer of all Mineral Commodity Titles in Parcel Number \_\_\_\_\_ in Parcel Number \_\_\_\_\_

to \_\_\_\_\_

\_\_\_\_\_

Date (DD/MM/YYYY)

Signature

Witness Signature

Check if Witness is Lawyer in and for the province of Saskatchewan \_\_\_\_\_

Lawyer Name

## Affidavit of Execution (If witness other than Lawyer)

I, \_\_\_\_\_ of \_\_\_\_\_ make oath and say that:

Witness Name

Location

1. I personally know \_\_\_\_\_ who is

Signator

OR

I have satisfied myself that \_\_\_\_\_ is

Signator

the person named in this document and whose name is subscribed to it and I was personally present when it was signed.

2. The said \_\_\_\_\_ is in my belief the full age of eighteen years.

Name

Sworn before me at \_\_\_\_\_ on \_\_\_\_\_

Location

Date (DD/MM/YYYY)

\_\_\_\_\_  
A Commissioner for Oaths for Saskatchewan/Notary Public OR Other person authorized to take Oaths

Witness Signature

My commission/appointment expires \_\_\_\_\_  
OR Being a Solicitor \_\_\_\_\_

Date (DD/MM/YYYY)

(specify)

## Affidavit Verifying Corporate Signing Authority (if no corporate seal)

I, \_\_\_\_\_ of \_\_\_\_\_ make oath and say that:

Name

Location

1. I am an officer of \_\_\_\_\_ named in this document.

Corporation Name

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

Sworn before me at \_\_\_\_\_ on \_\_\_\_\_

Location

Date (DD/MM/YYYY)

\_\_\_\_\_  
A Commissioner for Oaths for Saskatchewan/Notary Public OR Other person authorized to take Oaths

Corporate Officer Signature

My commission/appointment expires \_\_\_\_\_  
OR Being a Solicitor \_\_\_\_\_

Date (DD/MM/YYYY)

(specify)