



Authorization

I, _____, as _____
Name (First, Second, Third and Last) Position (if Corporation)

for _____ consent to Transform Number _____
Corporation Name (if Corporation)

Date (DD/MM/YYYY) Signature Witness Signature

Check if Witness is Lawyer 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

- 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.

- 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
(specify)

My commission/appointment expires _____
OR Being a Solicitor Date (DD/MM/YYYY)

Affidavit Verifying Corporate Signing Authority (if no corporate seal)

I, _____ of _____ make oath and say that:
Name Location

- I am an officer of _____ named in this document.
Corporation Name

- 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
(specify)

My commission/appointment expires _____
OR Being a Solicitor Date (DD/MM/YYYY)