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**Authorization**

I, \_\_\_\_\_, authorize Transform Number \_\_\_\_\_  
(Name of Owner as appears on Title)

To

Date (day, month, year)

Witness Signature

Title Owner Signature

Check if Witness is Lawyer for the Province of Saskatchewan

Lawyer Name

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**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 \_\_\_\_\_ who is \_\_\_\_\_  
(person whose signature was witnessed)

**Or** I have satisfied myself that \_\_\_\_\_ is \_\_\_\_\_  
(person whose signature was witnessed)

the individual named in this document and I was personally present when it was signed.

2. The individual 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

Date (day, month, year)

**OR** Being a Solicitor