



Transform Authorization
One Individual Signing
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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

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