



**Authorization**

We, \_\_\_\_\_, and \_\_\_\_\_  
(Name of Owner as appears on Title) (Name of Owner as appears on Title)

authorize Transform Number \_\_\_\_\_

To \_\_\_\_\_

Date (day, month, year) \_\_\_\_\_ Witness Signature \_\_\_\_\_ Title Owner Signature \_\_\_\_\_

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 \_\_\_\_\_ 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 named in this document and I was personally present when it was signed.

2. The two individuals whose signatures 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

Date (day, month, year)

**OR** Being a Solicitor