



Authorization

We, _____, and _____,
(Name of Interest Holder as appears on Title Print) (Name of Interest Holder as appears on Title Print)
authorize:

[] Assignment to _____ of Interest Register Number _____
Interest Number(s)/Share Number(s)

[] Amendment of Interest Register Number _____

[] Full Discharge of Interest Register Number _____

[] Partial Discharge of Interest Register Number _____
Interest Number(s)

Date (day, month, year) Witness Signature Interest Holder Signature

Date (day, month, year) Witness Signature Interest Holder Signature

[] Check if Witness is Lawyer in and 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 whose names are subscribed to it and I was personally present when it was signed.



2. The 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 in and for Saskatchewan
OR Notary Public for the Province of

My commission/appointment expires

_____ **OR** Being a Solicitor
Date (day, month, year)