



## Affidavit for Individual Client Number Amalgamation

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I, \_\_\_\_\_, of \_\_\_\_\_ in the Province of \_\_\_\_\_,  
\_\_\_\_\_ , make oath and say that:

1. I am the client identified in Section A of the attached Individual Change of Name/Client Number Amalgamation Application ("Application").
2. Each of the clients identified in Section B of the attached Application is the same as the client identified in Section A of the Application.
3. I make this affidavit for the purpose of amalgamating the clients in Section B to the client in Section A.

Sworn before me at \_\_\_\_\_

in the Province of \_\_\_\_\_

on \_\_\_\_\_

Date (day, month, year)

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)

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