



Authorization

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

☐ **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

☐ 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

_____ **OR** Being a Solicitor

Date (day, month, year)