



Mineral Transfer Authorization
One Individual Signing
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Authorization

I, _____, authorize:
(Name of Owner as appears on Title)

Transfer of Mineral Title Number(s):

Or

Transfer of all Mineral Commodity Titles in Parcel Number

To

Date (day, month, year)

Witness Signature

Title Owner 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 _____ 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.



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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