

## Authorization

		, authorizes by the s	ignature of its proper signin	g officer the transf	
(Corpor	ation Name)			-	
of Title Number(s):					
		<u> </u>			
Dr Application Sequence N	Number(s):				
Го					
Date (day, month, year)	Witness Signature		Corporate Officer Signature		
	-				
7					
Check if Witness is Lav	wyer in and for the Provin	ce of Saskatchewan			
		-	Lawyer Name	;	
Affidavit Verifying Corpo	rate Signing Authority (	(if no corporate seal)			
	of	in	the Province of		
Corporate Office	0I	Place			
	•				
nake oath and say that:					
-					
1. I am the		of		named in this	
	(Position)		(Corporation Name)		
document.					



2. I am authorized by the corporation to execute the document without affixing a corporate seal.

Sworn before	e me at				
in the Provinc	ce of				
on					
Date (day, month, year)			Corporate Officer Signature		
	sioner for Oaths for Saska c for the Province of	tchewan <b>OR</b>			
My commissi	ion/appointment expires				
Data (d	ay, month, year)	Being a Solicitor			
Dale (d	ay, monun, year)				
Affidavit of I	Execution (if witness ot	her than Saskatche	wan lawyer)		
			in the Provinc	ce of	
١	Witness Name	Place			
make oath a	ind say that:				
1.	I personally know		wh	o is	
		(person whose signatu	re was witnessed)		
Or					
	I have satisfied mysel	f that		is	
	,		ose signature was witnessed)		

the person who signed this document on behalf of the Corporation named in this document and I was personally present when it was signed.



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

My commission/appointment expires

Date (day, month, year)

OR Being a Solicitor

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