



Transfer Authorization
Two Individuals Signing
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Authorization

We, _____, and _____
(Name of Owner as appears on Title) (Name of Owner as appears on Title)

authorize the transfer of Title Number(s):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Or Application Sequence Number(s):

_____	_____	_____	_____
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To _____

_____	_____	_____
Date (day, month, year)	Witness Signature	Title Owner Signature

_____	_____	_____
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 _____ 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 I was personally present when it was signed.



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

My commission/appointment expires

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