



Transform/Multiple Transfer Authorization

Authorization

I, _____, as _____
Name (First, Second, Third and Last) Position (if Corporation)

for _____ authorize: ☐ Transform Number _____
Corporation Name (if Corporation)

☐ Transfer of Full Parcel Number _____ ☐ Transfer of Condominium Unit Number _____

☐ Transfer of all Mineral Commodity Titles in Parcel Number _____ in Parcel Number _____
to _____

Date (DD/MM/YYYY) Signature Witness Signature

☐ Check if Witness is Lawyer in and for the province of Saskatchewan _____
Lawyer Name

Affidavit of Execution (If witness other than Lawyer)

I, _____ of _____ make oath and say that:
Witness Name Location

1. I personally know _____ who is
Signator

OR

I have satisfied myself that _____ is
Signator

the person named in this document and whose name is subscribed to it and I was personally present when it was signed.

2. The said _____ is in my belief the full age of eighteen years.
Name

Sworn before me at _____ on _____
Location Date (DD/MM/YYYY)

A Commissioner for Oaths for Saskatchewan/Notary
Public OR Other person authorized to take Oaths

Witness Signature

My commission/appointment expires _____
OR Being a Solicitor Date (DD/MM/YYYY)

(specify)

Affidavit Verifying Corporate Signing Authority (if no corporate seal)

I, _____ of _____ make oath and say that:
Name Location

1. I am an officer of _____ named in this document.
Corporation Name

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

Sworn before me at _____ on _____
Location Date (DD/MM/YYYY)

A Commissioner for Oaths for Saskatchewan/Notary
Public OR Other person authorized to take Oaths

Corporate Officer Signature

My commission/appointment expires _____
OR Being a Solicitor Date (DD/MM/YYYY)

(specify)