



Authorization

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

authorize Transform Number

To

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

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

Check if Witness is Lawyer for the Province of Saskatchewan

Lawyer Name

Affidavit of Execution (if witness is not a Saskatchewan lawyer)

I, Witness Name of Place in the Province of

make oath and say that:

1. I personally know (person whose signature was witnessed) and (person whose signature was witnessed) who are

Or I have satisfied myself that (person whose signature was witnessed) and (person whose signature was witnessed) are

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