



***Transform 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 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, _____ 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.



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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