



Prescribed Individual Signature(s)

EXECUTION DATE

Party(ies) Signature(s)

[Print name, address and occupation below.]

Y	M	D

Print Name:

Print Name:

PRESCRIBED INDIVIDUAL CERTIFICATION:

Your signature constitutes a representation that you are a prescribed individual authorized to witness the execution of this instrument and certifies the matters set out in Part 3 of the Land Act as they pertain to the execution of this instrument.