



Skowkale First Nation

#10 - 3rd Floor 7201 Vedder Road
Chilliwack, BC V2R 4G5
Phone: 604-824-5117
Email: afc@shaw.ca

FOR OFFICE USE ONLY:

APPROVED AS TO THE FORM BY THE REGISTRAR OF LANDS PURSUANT TO THE SKOWKALE FIRST NATION LAND CODE

Signature

Date

TRANSFER OF INTEREST (CERTIFICATE OF POSSESSION)

1. APPLICATION:

Date	Phone No.
Name	MUST BE SIGNED BY Signature of Applicant, Applicant's Solicitor or Agent
Email Address	

2. PARCEL IDENTIFIER

PIN	Lot No.
Plan No.	Reserve Name & No.

3. CONSIDERATION

\$ _____

4. TRANSFEROR(S)

Name	Membership No.
Name	Membership No.
Name	Membership No.
Name	Membership No.

5. TRANSFEREE(S)

Name	Membership No.	<input type="checkbox"/> As Joint Tenants <input type="checkbox"/> Tenants in Common – with an _____ interest
Name	Membership No.	<input type="checkbox"/> As Joint Tenants <input type="checkbox"/> Tenants in Common – with an _____ interest
Name	Membership No.	<input type="checkbox"/> As Joint Tenants <input type="checkbox"/> Tenants in Common – with an _____ interest
Name	Membership No.	<input type="checkbox"/> As Joint Tenants <input type="checkbox"/> Tenants in Common – with an _____ interest

6. ATTACHMENTS

Are the following documents attached?
 Proof of Membership Other (specify) _____

7. EXECUTIONS

The transferor(s) accept(s) the above consideration and understand(s) that this instrument operates to transfer the Allotment of Certificate of Possession in the land described in Item 2 to the transferee(s).

_____	EXECUTION DATE	Transferor(s) Signature(s)
Witness of the Transferor(s)	YYYY MM DD	_____
	_____	Transferor
_____		_____
As to the signature of the Transferor(s)		Transferor
Officer's Signature(s)		_____
		Transferor

		Transferor

OFFICER CERTIFICATION:
 Your signature constitutes a representation that you are a solicitor, notary public or other person authorized by the *Evidence Act, R.S.B.C. 1996 c 124* to take affidavits for use in British Columbia and certifies that there has been compliance with the Skowkale First Nation Land Code.