



**SKOWKALE FIRST NATION**

Skowkale Lands Register  
Form No. SK-02

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	<b>MUST BE SIGNED BY Signature of Applicant, Applicant's Solicitor or Agent</b> 
Email Address	

**2. PARCEL IDENTIFIER**

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

**3. CONSIDERATION**

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**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) Officer's Signature(s)		Transferor
		_____
		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.