



SHUSWAP INDIAN BAND

First Nation Lands Register

APPROVED AS TO THE FORM BY
THE LANDS MANAGER PURSUANT
TO THE SHUSWAP LAND CODE

Signature:

Date:

TRANSFER OF INTEREST IN ALLOTMENT OR CERTIFICATE OF POSSESSION

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1. APPLICATION:(Name, address, phone number and signature of applicant, applicant's solicitor or agent)

Signature of Applicant, Applicant's Solicitor or Agent

2. PARCEL IDENTIFIER(S) AND LEGAL DESCRIPTION(S) OF LAND:

PIN

LEGAL DESCRIPTION

000000000

[LOT] [PLAN] [RESERVE NAME & NO.]

3. CONSIDERATION:

4. TRANSFEROR(S):

[NAME]

[ADDRESS]

Shuswap Membership No. _____

Certificate of Possession or Allotment No. _____

5. INSTRUMENT:

Agreement

Estate Transfer

Other (specify) _____

6. TRANSFEREE(S): including occupation(s), postal address(es) and postal code(s)

[NAME]

[ADDRESS]

Shuswap Membership No. _____

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

Officer Signature(s)

EXECUTION DATE

Transferor(s) Signature(s)

Officer Signature(s)	EXECUTION DATE			Transferor(s) Signature(s)
_____	Y	M	D	_____
_____	0000	00	00	Transferor(s)
As to the signature of the Transferor(s)				Transferor(s)

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 Shuswap Land Code.