



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

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

[NAME]
[ADDRESS]
Phone: _____

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)						
	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Y</td> <td style="padding: 5px;">M</td> <td style="padding: 5px;">D</td> </tr> <tr> <td style="text-align: center; padding: 5px;">0000</td> <td style="text-align: center; padding: 5px;">00</td> <td style="text-align: center; padding: 5px;">00</td> </tr> </table>	Y	M	D	0000	00	00	Transferor(s)
Y	M	D						
0000	00	00						
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.