



A Submission Cover Page must be included with every set of forms submitted to the Corporate Registry.

**FOR PROPER PROCESSING, PLEASE ENSURE ALL PAGES OF THIS FORM ARE SUBMITTED.
FORMS WITH MISSING PAGES WILL BE RETURNED.**

Fees

Submission Fee: (go to www.isc.ca/fees for the current fee information) \$ _____

Priority Service:

Check box for \$500.00 optional additional fee \$ _____

Priority submissions will receive immediate attention and will be reviewed within one business day after being received, where possible. If you are submitting multiple forms for a single entity, only one priority service fee is required. Check **Priority Service** box on each submission cover page.

TOTAL FEES: \$ _____

Submissions will be returned if sufficient funds are not available at the time of processing.

Payment Methods

ISC offers the following methods of payment:

- Cheque or money order payable to *Information Services Corporation*
- On ISC account – ISC Account Number: _____

To pay by credit card, call the Customer Support Team at 1-866-275-4721 to provide payment information and you must include the ISC Account Number provided on the line above.

DO NOT include your credit card information anywhere on these forms.

Paper Forms Submission Methods

The received date for the submission is the date the forms are received at ISC.

Mail: Corporate Registry **Fax:** (306) 787-8999
1301 – 1st Avenue,
Regina, SK S4R 8H2

Customer Reference Number (optional)

- Your Reference Number: _____

Did you know...most submissions are automatically registered when filed online at corporateregistry.isc.ca
This includes Annual Returns, Annual Returns and Financial Statements, Business Name Renewals and most associated notice update submissions.

Visit our website or contact our Customer Support Team for more information:

www.isc.ca

1-866-275-4721

corporateregistry@isc.ca

 **IMPORTANT:**

► **A Vertical Short Form Amalgamation requires that:**

- the amalgamation has been approved by a resolution of the directors of each of the amalgamating corporations listed in Section 1 below in accordance with section 14-13 of the Act.
- all amalgamating entities **must** be active Saskatchewan corporations.
- the shares of the amalgamating entities are wholly owned (directly or indirectly) by the holding corporation.
- the newly amalgamated entity must use the name and articles of the holding corporation.

1 | AMALGAMATING ENTITIES

All amalgamating entities must be active Saskatchewan corporations. The amalgamating entities include the holding corporation and entities that are wholly owned subsidiaries of the holding corporation indicated below.

► **Part A: Holding Corporation**

The holding corporation must directly or indirectly wholly own the shares of all the other amalgamating entities listed in Part B. The name and articles of the holding corporation listed in Part A will be used for the newly amalgamated entity.

**Holding Corporation
Entity Number:**

Holding Corporation Entity Name:

► **Part B: Wholly Owned Subsidiaries**

 **Instructions:**

- If there are more than three (3) wholly owned subsidiaries, please photocopy this page before proceeding and attach to this form.
- The remaining amalgamating entities must be directly or indirectly wholly owned subsidiaries of the holding corporation listed in Part A.

Wholly Owned Subsidiary Entity

Entity Number:

Entity Name:

Wholly Owned Subsidiary Entity

Entity Number:

Entity Name:

Wholly Owned Subsidiary Entity

Entity Number:

Entity Name:

▼ Section Below Intentionally Left Blank - For Office Use Only ▼

2 NEWLY AMALGAMATED ENTITY DETAILS

A Vertical Short Form Amalgamation requires that the name and the articles of the holding corporation must be used for the newly amalgamated entity.

- **REQUIRED:** I confirm that the Articles of Amalgamation for the newly amalgamated entity are the same as the current articles of the holding corporation listed in Section 1, Part A.

3 CONFIRMATION OF WHOLLY OWNED SUBSIDIARY STRUCTURE

A Vertical Short Form Amalgamation requires that the shares of the amalgamating entities are wholly owned (directly or indirectly) by the holding corporation.

- **REQUIRED:** I confirm that the holding corporation listed in Section 1, Part A wholly owns the amalgamating entities listed in Section 1, Part B.

4 SHARE CLASS INFORMATION

Provide the share class information as outlined in the articles of the holding corporation listed in Section 1, Part A.

If you have more than ten (10) share classes, please photocopy this page, list share class information for each additional class, and attach to this form.

Name of Share Class	Maximum Number of Shares (Specify number <i>or</i> Unlimited)	Voting Rights (A selection is Required)
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No

5 AUTHORIZED NUMBER OF DIRECTORS

Provide the authorized number of directors as outlined in the articles of the holding corporation listed in Section 1, Part A.

► Select **only one** (1) Minimum # of Directors: _____ Fixed # of Directors: _____
 Maximum # of Directors: _____ ◀ **OR** ▶

6 RESTRICTIONS ON SHARE TRANSFERS

Provide the restrictions on share transfers as outlined in the articles of the holding corporation listed in Section 1, Part A.

► Select **only one** (1) None Restrictions provided in articles document

7 RESTRICTIONS ON BUSINESS

Provide the restrictions on business information as outlined in the articles of the holding corporation listed in Section 1, Part A.

► Select **only one** (1) None Restrictions provided in articles document

8 OTHER PROVISIONS

Provide the other provisions information as outlined in the articles of the holding corporation listed in Section 1, Part A.

► Select **only one** (1) None Provisions provided in articles document


9 ARTICLES DOCUMENT

If there is more than one share class or if there are any restrictions on share transfers, restrictions on business or other provisions, a document containing all the articles of amalgamation must be enclosed.

► The Articles of Amalgamation **must** include:

- The name of the entity.
- Share class information, including the rights, privileges, restrictions and conditions attached to each share class.
- The authorized number of directors.
- Restrictions on share transfers (if there are no restrictions, that must be stated in the articles).
- Restrictions on business (if there are no restrictions, that must be stated in the articles).
- Other provisions (if there are no other provisions, that must be stated in the articles).

10 NATURE OF BUSINESS *(Be specific)*

 The nature of business is coded in accordance with the North American Industry Classification System (NAICS), the list can be found at www.isc.ca/NAICS. Multiple NAICS codes can be provided. If a NAICS code(s) is not provided, we will select codes that best match the nature of business description provided.

11 STATUTORY DECLARATION


- ▶ **REQUIRED:** I confirm the amalgamation has been approved by a resolution of the directors of each of the amalgamating corporations listed in Section 1 in accordance with section 14-13 of the Act.
- ▶ **REQUIRED:** I confirm that I have enclosed a statutory declaration from a director or officer of each of the amalgamating entities and the statutory declarations include the information required under section 14-14(2) of the Act.

12 AMALGAMATION DATE

Unless a future date is specified below, the date the properly completed forms and required fees are received will be considered the amalgamation date.

Amalgamation Date: (Enter date in day/month/year format)

13 REGISTERED OFFICE ADDRESSES

-  **Instructions:**
- The physical address of the registered office **must** be in Saskatchewan.
 - The physical address **cannot** be a post office box.
 - Rural locations **must** use legal land descriptions, including RM names and numbers or civic addresses.

Registered Office PHYSICAL ADDRESS		Registered Office MAILING ADDRESS	
▶ <input type="checkbox"/> Check if mail cannot be delivered to this Physical Address		▶ <input type="checkbox"/> Check if same as Physical Address <i>[If checked, do <u>not</u> complete Mailing Address fields below]</i>	
Address 1: <i>(IMPORTANT: Physical Address cannot be a P.O. Box)</i>		Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
City / Town / RM:		City / Town:	
Province:		Province:	
Country:	Postal Code:	Country:	Postal Code:
Attention To: <i>(Optional)</i>		Attention To: <i>(Optional)</i>	

IMPORTANT: If an email address is provided below, the Annual Return advance notice will be sent to this email address. If the email address field is left blank, the Annual Return advance notice will be sent by regular mail to the mailing address on file.

Email Address: *(Optional)*

Mailing Address Name: *(Optional - if different from Entity name)*

14 DIRECTOR/OFFICER DETAILS

Instructions:

- If there are more than three (3) directors or officers, please photocopy the next page before proceeding and attach to this form.
- If none of the directors or officers have a Saskatchewan address, a **Power of Attorney** form **must** be submitted along with this form.
- The physical address **cannot** be a post office box.
- Rural locations **must** use legal land descriptions, including RM names and numbers or civic addresses.

▶ Director / Officer

First Name:		Role(s): (Select all that apply) <input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held: _____ (ex: President, Secretary)	
Middle Name: (Optional)			
Last Name:			
PHYSICAL ADDRESS		MAILING ADDRESS	
▶ <input type="checkbox"/> Check if mail cannot be delivered to this Physical Address		▶ <input type="checkbox"/> Check if same as Physical Address [If checked, do <u>not</u> complete Mailing Address fields below]	
Address 1: (IMPORTANT: Physical Address <u>cannot</u> be a P.O. Box)		Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
City / Town / RM:		City / Town:	
Province:		Province:	
Country:	Postal Code:	Country:	Postal Code:
Email Address: (Optional)			

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► Director / Officer			
First Name:		Role(s): <i>(Select all that apply)</i> <input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held: _____ (ex: President, Secretary)	
Middle Name: <i>(Optional)</i>			
Last Name:			
PHYSICAL ADDRESS		MAILING ADDRESS	
► <input type="checkbox"/> <i>Check if mail cannot be delivered to this Physical Address</i>		► <input type="checkbox"/> <i>Check if same as Physical Address</i> <i>[If checked, do <u>not</u> complete Mailing Address fields below]</i>	
Address 1: <i>(IMPORTANT: Physical Address cannot be a P.O. Box)</i>		Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
City / Town / RM:		City / Town:	
Province:		Province:	
Country:	Postal Code:	Country:	Postal Code:
Email Address: <i>(Optional)</i>			

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► Director / Officer			
First Name:		Role(s): <i>(Select all that apply)</i>	
Middle Name: <i>(Optional)</i>		<input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held:	
Last Name:		_____	
		(ex: President, Secretary)	
PHYSICAL ADDRESS		MAILING ADDRESS	
► <input type="checkbox"/> Check if mail cannot be delivered to this Physical Address		► <input type="checkbox"/> Check if same as Physical Address <i>[If checked, do <u>not</u> complete Mailing Address fields below]</i>	
Address 1: <i>(IMPORTANT: Physical Address cannot be a P.O. Box)</i>		Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
City / Town / RM:		City / Town:	
Province:		Province:	
Country:	Postal Code:	Country:	Postal Code:
Email Address: <i>(Optional)</i>			

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15 NOTICE OF SHAREHOLDER (Optional)

- Instructions:**
- If there are more than three (3) shareholders, please photocopy this page before proceeding and attach to this form.
 - An initial Notice of Shareholders must be filed before the first annual return for the amalgamated entity can be completed.

► Shareholder

Shareholder Name:

Address 1:

Address 2:

Address 3:

City / Town:	Province:
Country:	Postal Code:

Share Class	No. of Shares Held	Share Class	No. of Shares Held

► Shareholder

Shareholder Name:

Address 1:

Address 2:

Address 3:

City / Town:	Province:
Country:	Postal Code:

Share Class	No. of Shares Held	Share Class	No. of Shares Held

► Shareholder			
Shareholder Name:			
Address 1:			
Address 2:			
Address 3:			
City / Town:		Province:	
Country:		Postal Code:	
Share Class	No. of Shares Held	Share Class	No. of Shares Held

16	SUBMITTER INFORMATION, AUTHORIZATION, AND NOTIFICATION PREFERENCE
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Submitter Information (Submitter must be an individual) <i>*Indicates mandatory fields</i>	
*First Name:	*Last Name:
*Mailing Address:	Phone Number:
	Fax Number:
Email Address:	
I certify that I am authorized to file these documents with the Registrar of Corporations and that the information in this submission is true.	
Signature: _____	Date: _____

<p>Preferred Notification Method for the Submission Correspondence/Certificate</p> <p>The Registry will communicate with the Submitter regarding this submission using the method selected below and the Submitter's information provided on this form. However, if an ISC Account Number is provided on the submission cover page, communication will be sent to the address information associated with that ISC Account Number.</p> <p>► Select <u>only one</u> (1):</p> <p><i>Note: If the preferred notification method is not indicated or incomplete, the default method will be mail.</i></p> <p> <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Corporate Registry online customer portal (ISC Account Number must be provided on the submission cover page) </p>
