



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](http://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  
1301 – 1st Avenue,  
Regina, SK S4R 8H2

**Fax:** (306) 787-8999

## Customer Reference Number (optional)

- Your Reference Number: \_\_\_\_\_

Did you know...most submissions are automatically registered when filed online at [corporateregistry.isc.ca](http://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](http://www.isc.ca)

1-866-275-4721

[corporateregistry@isc.ca](mailto:corporateregistry@isc.ca)



**1 ENTITY DETAILS**

<b>Entity Number:</b>	<b>Entity Name:</b>
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**2 PARTNER DETAILS**

▶ This form can *only* be used to add new or remove existing partners for partnerships, joint ventures or syndicates.

▶ This form *cannot* be used to change the business from a sole proprietorship to a partnership.

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**Instructions:**

- There **must** be two (2) or more partners on file after the alteration is completed. If there are more than three (3) partners, please photocopy the next page before proceeding and attach to this form.
- If the partners are all individuals or trusts and none of the partners have a Saskatchewan physical address, a **Power of Attorney form** and a **Consent to Act as Power of Attorney form** for each power of attorney must be submitted along with this form.
- A power of attorney is **not** permitted if there is a partner with a Saskatchewan address.
- The physical address **cannot** be a post office box.
- Rural locations **must** use legal land descriptions, including RM names and numbers or civic addresses.

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

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



<b>▶ Partner</b>			
Name of Partner:			
▶ <b>Partner Type:</b> <i>Select <u>only one</u> (1)</i>			
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Body Corporate - Entity Number: _____ <input type="checkbox"/> Limited Partnership - Entity Number: _____ <input type="checkbox"/> Indian Band - Entity Number: _____			
<b>Type of Change:</b> ▶ <i>Select <u>only one</u> (1)</i> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>Effective Date:</b> _____ <small>(Enter date in day/month/year format)</small>	
<b>PHYSICAL ADDRESS</b> <small>(REQUIRED for individual or trust only)</small>		<b>MAILING ADDRESS</b> <small>(REQUIRED for individual or trust only)</small>	
▶ <input type="checkbox"/> Check if mail cannot be delivered to this Physical Address		▶ <input type="checkbox"/> Check if same as Physical Address <small>[If checked, do <u>not</u> complete Mailing Address fields below]</small>	
Address 1: <small>(IMPORTANT: Physical Address cannot be a P.O. Box)</small>		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: <small>(Optional)</small>			

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<b>► Partner</b>			
Name of Partner:			
<b>► Partner Type: <i>Select only one (1)</i></b> <input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Body Corporate - Entity Number: _____ <input type="checkbox"/> Limited Partnership - Entity Number: _____ <input type="checkbox"/> Indian Band - Entity Number: _____			
<b>Type of Change:</b> ► <i>Select only one (1)</i> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>Effective Date:</b> _____ <small>(Enter date in day/month/year format)</small>	
<b>PHYSICAL ADDRESS</b> <small>(REQUIRED for individual or trust only)</small>		<b>MAILING ADDRESS</b> <small>(REQUIRED for individual or trust only)</small>	
► <input type="checkbox"/> Check if mail cannot be delivered to this Physical Address		► <input type="checkbox"/> Check if same as Physical Address <small>[If checked, do <u>not</u> complete Mailing Address fields below]</small>	
Address 1: <small>(IMPORTANT: Physical Address cannot be a P.O. Box)</small>		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: <small>(Optional)</small>			

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<b>▶ Partner</b>			
Name of Partner:			
▶ <b>Partner Type:</b> <i>Select <u>only one</u> (1)</i>			
<input type="checkbox"/> Individual		<input type="checkbox"/> Trust	
<input type="checkbox"/> Body Corporate - Entity Number: _____			
<input type="checkbox"/> Limited Partnership - Entity Number: _____			
<input type="checkbox"/> Indian Band - Entity Number: _____			
<b>Type of Change:</b> ▶ <i>Select <u>only one</u> (1)</i> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>Effective Date:</b> _____ <small>(Enter date in day/month/year format)</small>	
<b>PHYSICAL ADDRESS</b> <small>(REQUIRED for individual or trust only)</small>		<b>MAILING ADDRESS</b> <small>(REQUIRED for individual or trust only)</small>	
▶ <input type="checkbox"/> Check if mail cannot be delivered to this Physical Address		▶ <input type="checkbox"/> Check if same as Physical Address <small>[If checked, do <u>not</u> complete Mailing Address fields below]</small>	
Address 1: <small>(IMPORTANT: Physical Address cannot be a P.O. Box)</small>		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: <small>(Optional)</small>			

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**3 SIGNATURES ATTACHMENT**

An attachment is required that contains the names and signatures of all partners, including partners who were added or removed as part of this submission, and existing partners who have not changed.

►  **REQUIRED:** I confirm that the enclosed document contains the names and signatures of all partners, including partners who were added or removed as part of the change in membership, and existing partners who have not changed.

**4 SUBMITTER INFORMATION, AUTHORIZATION, AND NOTIFICATION PREFERENCE**

**Submitter Information (Submitter must be an individual)**

*\*Indicates mandatory fields*

<b>*First Name:</b>	<b>*Last Name:</b>
<b>*Mailing Address:</b>	<b>Phone Number:</b>
	<b>Fax Number:</b>

**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:** \_\_\_\_\_

**Preferred Notification Method for the Submission Correspondence/Certificate**

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.

► **Select *only one* (1):**

*Note: If the preferred notification method is not indicated or incomplete, the default method will be mail.*

- Email     Mail     Fax  
 Corporate Registry online customer portal (ISC Account Number must be provided on the submission cover page)