

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
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
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


1 ENTITY DETAILS

Entity Number:	Current Entity Name:
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2 NAME CHANGE DETAILS

Complete this section **only** if the entity name has changed.

Name Reservation Number:	Reserved Entity Name:
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Name Conditions: (if applicable)
 If conditions were applied in the name reservation, signed name conditions forms must be enclosed with this form.

Business Address Mailing Name: (if different from new entity name)

3 NATURE OF BUSINESS

Complete this section **only** if the nature of business has changed.

New 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.

4 EXPIRY DATE

Complete this section **only** if the expiry date has changed in the declaration.

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

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

5 GENERAL PARTNER DETAILS

Complete this section **only** if the general partner details have changed.

If the General Partner:

- is a corporation, then this general partner must be registered in Saskatchewan.
- is an individual, then the individual must either be a Saskatchewan resident or a power of attorney with a Saskatchewan address must be appointed. To add or remove a power of attorney, submit the **Power of Attorney** form and **Consent to Act as Power of Attorney** form along with this form. A power of attorney is not permitted if there is a general partner with a Saskatchewan address.

 **Instructions:**

- There may be one or more general partners. If there are more than three (3), please photocopy the next page before proceeding and attach to 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.

▶ General Partner

Name of General Partner:

▶ Partner Type: Select only one (1)

- Individual Trust
- Body Corporate - Entity Number: _____
- Limited Partnership - Entity Number: _____
- Indian Band - Entity Number: _____

Type of Change:
▶ Select only one (1) Add Update Remove

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

PHYSICAL ADDRESS

(REQUIRED for individual or trust only)

▶ Check if mail cannot be delivered to this Physical Address

MAILING ADDRESS

(REQUIRED for individual or trust only)

▶ Check if same as Physical Address
[If checked, do not complete Mailing Address fields below]

Address 1: (IMPORTANT: Physical Address cannot 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)

► General Partner			
Name of General Partner:			
► Partner Type: <i>Select only one (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: _____			
Type of Change: ► <i>Select only one (1)</i> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		Effective Date: _____ <small>(Enter date in day/month/year format)</small>	
PHYSICAL ADDRESS <small>(REQUIRED for individual or trust only)</small> ► <input type="checkbox"/> Check if mail cannot be delivered to this Physical Address		MAILING ADDRESS <small>(REQUIRED for individual or trust only)</small> ► <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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Continue on Next Page

▶ General Partner			
Name of General Partner:			
▶ Partner Type: Select <u>only one</u> (1)			
<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: _____			
Type of Change: ▶ Select <u>only one</u> (1) <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		Effective Date: _____ <small>(Enter date in day/month/year format)</small>	
PHYSICAL ADDRESS <small>(REQUIRED for individual or trust only)</small>		MAILING ADDRESS <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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Continue on Next Page

6 LIMITED PARTNER DETAILS

Complete this section **only** if the Limited Partners have changed.

▶ **REQUIRED:** The attached amended declaration contains amendments to the limited partner information.

7 DECLARATION ATTACHMENT

A copy of the declaration **must** be attached.

▶ **REQUIRED:** I confirm that the attached amended declaration includes the names and signatures of all general and limited partners.

8 EFFECTIVE DATE

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

Effective Date:

(Enter date in day/month/year format)

9 SUBMITTER INFORMATION, AUTHORIZATION, AND NOTIFICATION PREFERENCE

Submitter Information (Submitter must be an individual)

**Indicates mandatory fields*

*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: _____

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)