

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

Has the entity been expired by the Corporate Registry in the last 90 days:

► Select *only one (1)* of the two options below, and complete the associated fields:

1. <input type="checkbox"/> Yes ►	Entity Number:	Entity Name:
2. <input type="checkbox"/> No ►	Name Reservation Number:	Reserved Entity Name:
<p>Name Conditions: (If applicable)  If conditions were applied in the name reservation, signed name conditions forms must be enclosed with this form.</p>		
<p>► Business Name Type: Select <i>only one (1)</i></p> <p><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Syndicate</p>		

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

2 REGISTERED OFFICE ADDRESSES

 **Instructions:**

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

Business PHYSICAL ADDRESS		Business 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>)	
<i>IMPORTANT: If an email address is provided below, the Business Name Renewal notice will be sent to this email address. If the email address field is left blank, the Business Name Renewal notice will be sent by regular mail to the mailing address on file.</i>			
Email Address: (<i>Optional</i>)			

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3 OTHER BUSINESS PHYSICAL ADDRESSES (Optional)

 **Instructions:**

- If there are more than three (3) additional physical business addresses, please photocopy this page before proceeding and attach to this form.

► Location

Address 1:

Address 2:

Address 3:

City / Town / RM:

Province:

Country:

Postal Code:

Attention to: (Optional)

Email Address: (Optional)

► Location

Address 1:

Address 2:

Address 3:

City / Town / RM:

Province:

Country:

Postal Code:

Attention to: (Optional)

Email Address: (Optional)

► Location

Address 1:

Address 2:

Address 3:

City / Town / RM:

Province:

Country:

Postal Code:

Attention to: (Optional)

Email Address: (Optional)

4 SOLE PROPRIETOR / PARTNER DETAILS

If the business name:

- Is a sole proprietorship, only one (1) proprietor name is permitted.
- Is a partnership, joint venture or syndicate, there **must** be two (2) or more partners. If there are more than three (3) partners, please photocopy the next page before proceeding and attach to this form.

A Power of Attorney form and Consent to Act as Power of Attorney form for each power of attorney must be submitted if any of the following apply:

- The sole proprietor is an individual or trust and does not have a physical address in Saskatchewan.
- The partners are all individuals or trusts and none of the partners have a physical address in Saskatchewan.

 **Instructions:**

- A power of attorney is **not** permitted if the proprietor or any of the partners has 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.

► Sole Proprietor/Partner

Name of Sole Proprietor/Partner:

► Sole Proprietor / Partner Type: Select only one (1)

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

PHYSICAL ADDRESS <i>(REQUIRED for individual or trust only)</i>		MAILING ADDRESS <i>(REQUIRED for individual or trust only)</i>	
► <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>			

▶ Partner			
Name of 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: _____			
PHYSICAL ADDRESS <i>(REQUIRED for individual or trust only)</i>		MAILING ADDRESS <i>(REQUIRED for individual or trust only)</i>	
▶ <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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▶ Partner			
Name of 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: _____			
PHYSICAL ADDRESS <i>(REQUIRED for individual or trust only)</i>		MAILING ADDRESS <i>(REQUIRED for individual or trust only)</i>	
▶ <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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5 REGISTRATION DATE

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

Registration Date:

(Enter date in day/month/year format)

6 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 if the entity is a partnership, any individuals who are listed as partners are 18 years of age or older, 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)