



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:	Entity Name:
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2 SOLE PROPRIETOR / PARTNER DETAILS

- ▶ This form is used to update the information of the existing partners or sole proprietor that are individuals or trusts.
- ▶ This form is **not** used to remove existing or to add new partners or sole proprietor.
- ▶ This form is **not** used to update name or address if the partner or proprietor is an entity registered with the Corporate Registry (e.g. a body corporate, limited partnership or Indian Band).

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.

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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.



► Sole Proprietor/Partner			
Name of Existing Sole Proprietor/Partner:			
► Sole Proprietor / Partner Type: <i>Select only one (1)</i>			
<input type="checkbox"/> Individual		<input type="checkbox"/> Trust	
► Type of Change: <i>Select all that apply</i>			
<input type="checkbox"/> Address		<input type="checkbox"/> Name <i>(Note: Must be a legal name change, example: marriage name change.) [This form cannot be used to change the partner or sole proprietor]</i>	
Effective Date of Change:		<i>(Enter date in day/month/year format)</i>	
► Complete the 'New Name' field below only if the legal name of the existing sole proprietor or partner has changed.			
New Name:			
► Complete the fields below only if the physical or mailing address of the existing sole proprietor or partner has changed.			
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 not 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			
Existing Partner Name:			
▶ Partner Type: Select <u>only one</u> (1)			
<input type="checkbox"/> Individual		<input type="checkbox"/> Trust	
▶ Type of Change: Select <u>all that apply</u>			
<input type="checkbox"/> Address		<input type="checkbox"/> Name <i>(Note: Must be a legal name change, example: marriage name change.) [This form <u>cannot</u> be used to change the partner or sole proprietor]</i>	
Effective Date of Change:		<i>(Enter date in day/month/year format)</i>	
▶ Complete the 'New Name' field below only if the legal name of the existing partner has changed.			
New Name:			
▶ Complete the fields below only if the physical or mailing address of the existing partner has changed.			
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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▶ Partner			
Existing Partner Name:			
▶ Partner Type: Select <u>only one</u> (1)			
<input type="checkbox"/> Individual		<input type="checkbox"/> Trust	
▶ Type of Change: Select <u>all that apply</u>			
<input type="checkbox"/> Address		<input type="checkbox"/> Name <i>(Note: Must be a legal name change, example: marriage name change.) [This form <u>cannot</u> be used to change the partner or sole proprietor]</i>	
Effective Date of Change:		<i>(Enter date in day/month/year format)</i>	
▶ Complete the 'New Name' field below only if the legal name of the existing partner has changed.			
New Name:			
▶ Complete the fields below only if the physical or mailing address of the existing partner has changed.			
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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3 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)