



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

▶ **Name Type** - Select *only one (1)* of the three options below, and complete the associated fields.

1. <input type="checkbox"/> Predecessor Name ▶	Entity Number of Amalgamating Entity whose name will be used for the newly Amalgamated entity:	
	Entity name of Amalgamating Entity whose name will be used for the newly Amalgamated Entity:	

2. <input type="checkbox"/> Reserved Name ▶	Name Reservation Number:	Reserved Entity Name:
	Name Conditions: (if applicable)	

If conditions were applied in the name reservation, signed name conditions forms must be enclosed with this form.

3. **Numbered Name**

New Plan Number: (REQUIRED)

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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.



2 | AMALGAMATING ENTITIES

Instructions:

- If there are more than three (3) amalgamating entities, please photocopy this page before proceeding and attach to this form.
- A minimum of two (2) amalgamating entities are required.

▶ Amalgamating Entity

Entity Number:	Entity Name:
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▶ Amalgamating Entity

Entity Number:	Entity Name:
-----------------------	---------------------

▶ Amalgamating Entity

Entity Number:	Entity Name:
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3 | STANDARD UNIT DESCRIPTION

The standard unit description **must** be enclosed.

4 | BYLAWS

Is the condominium corporation acting under the standard bylaws pursuant to section 45 of the Act:

▶ *Select only one (1)*

- Yes No (bylaws must be enclosed with this submission)

Date Bylaws Passed: _____

Does the condominium corporation have sectors:

▶ *Select only one (1)*

- Yes (**Go to Section 5**) No (**Go to Section 6**)
[Then continue to Section 6] *[Do not complete Section 5]*

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5 SECTORS (if applicable)

Instructions:

- If there are more than two (2) sectors, please photocopy this page before proceeding and attach to this form.

► Sector

Sector Name:

► Select only one (1) of the following:

- I certify that the written consents to the creation or dissolution of a sector have been obtained from the owners of every unit in the condominium corporation.
- I certify that:
 - The written consents of 80% of the owners of units in the condominium corporation have been obtained.
 - A notice of this bylaw has been served on the following, not less than 30 days before submitting this bylaw to the Registrar:
 - All owners of units, except those unit owners that provide written consents.
 - The local authority.
 - No objection has been received in the form of a notice of court application.

Is the condominium corporation acting under the standard bylaws pursuant to section 45 of the Act:

► Select only one (1)

- Yes
- No (bylaws must be enclosed with this submission)

Date Bylaws Passed: _____

► Sector

Sector Name:

► Select only one (1) of the following:

- I certify that the written consents to the creation or dissolution of a sector have been obtained from the owners of every unit in the condominium corporation.
- I certify that:
 - The written consents of 80% of the owners of units in the condominium corporation have been obtained.
 - A notice of this bylaw has been served on the following, not less than 30 days before submitting this bylaw to the Registrar:
 - All owners of units, except those unit owners that provide written consents.
 - The local authority.
 - No objection has been received in the form of a notice of court application.

Is the condominium corporation acting under the standard bylaws pursuant to section 45 of the Act:

► Select only one (1)

- Yes
- No (bylaws must be enclosed with this submission)

Date Bylaws Passed: _____

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6 ADDRESS FOR SERVICE

Instructions:

- The address for service *must* be in Saskatchewan.

Mailing Name: (if different from new entity name)

Address 1:

Address 2:

Address 3:

City / Town:

Province:

Country:

Postal Code:

Attention to: (Optional)

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 address for service on file.

Email Address: (Optional)

7 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.

▶ Director / Officer

First Name:

Middle Name:
(Optional)

Last Name:

Role(s): (Select all that apply)

Director Officer - Office Held:

_____ (ex: President, Secretary)

Address 1:

Address 2:

Address 3:

City / Town:

Province:

Country:

Postal Code:

Attention to: (Optional)

Email Address: (Optional)



► 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:	
Address 1:	
Address 2:	
Address 3:	
City / Town:	Province:
Country:	Postal Code:
Attention to: <i>(Optional)</i>	
Email Address: <i>(Optional)</i>	

► 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:	
Address 1:	
Address 2:	
Address 3:	
City / Town:	Province:
Country:	Postal Code:
Attention to: <i>(Optional)</i>	
Email Address: <i>(Optional)</i>	

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8 APPLICANT INFORMATION

Instructions:

- If there are more than one (1) applicant, please photocopy this page before proceeding and attach to this form.

► Select only one (1) of the following options, and complete the associated field(s).

Individual

Individual Name:

Entity

Entity Number:

Entity Name:

► **Mailing Address (Individual Only)**

Address 1:

Address 2:

Address 3:

City / Town:

Province:

Country:

Postal Code:

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 the disclosed information respecting the condominium corporation is correct and that I have the authority to sign this document on behalf of the condominium corporation.

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)