

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 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:	Role(s): (Select all that apply) <input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held: <hr style="width: 100%;"/> (ex: President, Secretary)
Middle Name: <i>(Optional)</i>	
Last Name:	
Type of Change: ▶ Select <u>only one</u> (1) <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Effective Date: <i>(Enter date in day/month/year format)</i>
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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▼ Section Below Intentionally Left Blank - For Office Use Only ▼

► 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:	
Type of Change: ► <i>Select only one (1)</i> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Effective Date: _____ <i>(Enter date in day/month/year format)</i>
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:	
Type of Change: ► <i>Select only one (1)</i> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Effective Date: _____ <i>(Enter date in day/month/year format)</i>
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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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 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)