

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 NEWLY AMALGAMATED ENTITY NAME TYPE DETAILS

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

1. <input type="checkbox"/> Reserved Name ▶	Name Reservation Number:	Reserved Entity Name:
	Name Conditions: (if applicable) 💡 <i>If conditions were applied in the name reservation, signed name conditions forms must be enclosed with this form.</i>	
2. <input type="checkbox"/> Predecessor Name ▶	Provide the Name of one of the amalgamating entities listed under Section 2 (located on next page):	
	Nature of Business: (Be specific) 💡 <i>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.</i>	

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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.

All of the amalgamating entities **must** be active Saskatchewan co-operatives, new generation co-operatives, non-profit corporations or business corporations.

- A business corporation may only amalgamate into a co-operative if the business corporation is a subsidiary of the co-operative with which it is amalgamating.

► Amalgamating Entity

Entity Number:

Entity Name:

► Amalgamating Entity

Entity Number:

Entity Name:

► Amalgamating Entity

Entity Number:

Entity Name:

3 AMALGAMATION AGREEMENT DECLARATION

The amalgamation agreement is not required and should not be enclosed with this form.

REQUIRED - I confirm that:

- The amalgamation agreement has been approved by special resolution of members and/or shareholders of each of the amalgamating co-operatives listed in Section 2 above, in accordance with section 153 of *The Co-operatives Act, 1996*.
- The amalgamation agreement has been approved by the members and/or shareholders of each of the amalgamating corporations listed in Section 2 above, in accordance with the requirements of *The Co-operatives Act, 1996*.

4 DATES

The fiscal year end may be up to 14 months in the future. If the fiscal year end is within two months after the incorporation date, the fiscal year end for the following year should be provided.

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

Fiscal Year End Date:

(Enter date in day/month/year format)

Amalgamation Date:

(Enter date in day/month/year format)

5 SHARE CAPITAL

Does the co-operative have share capital: *Select only one (1)*

- Yes, the entity has share capital. (Complete **Section 5.1** before proceeding to Section 6)
- No, the entity does not have share capital. The interest of each member is the same as every other member. (Go to **Section 6**)

► 5.1 - Share Class Information

If you have more than three (3) share classes, please attach a separate document listing share class information for each class.

Name of Share Class	Maximum Number of Shares (Specify number or Unlimited) (A selection is Required)	Share Class Type (A selection is Required)	Par Value of Shares
	Select <i>only one</i> : <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	
	Select <i>only one</i> : <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	
	Select <i>only one</i> : <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	

6 AUTHORIZED NUMBER OF DIRECTORS

If there are fewer than five (5) directors, a document describing the exceptional circumstances under which fewer than five (5) directors should be permitted **must** be enclosed.

If the number or range of directors is specified in the bylaws, the number of directors specified **must** fall within the number or range found in the articles.

► Select *only one* (1) Minimum # of Directors: _____
Maximum # of Directors: _____

◀ OR ▶

Fixed # of Directors: _____

7 OBJECTS

► **REQUIRED:** Objects provided in articles document

8 RESTRICTIONS ON BUSINESS

► Select *only one* (1) None Restrictions provided in articles document

9 OTHER PROVISIONS

► Select *only one* (1) None Provisions provided in articles document

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10 ARTICLES DOCUMENT

A document containing the complete articles of amalgamation must be enclosed.

► **The Articles of Amalgamation *must* include:**

- The name of the entity.
- For co-operatives with no share capital, a statement that the interest of each member is the same as that of every other member.
- For co-operatives with share capital, share class information, including the par value, rights, privileges, restrictions and conditions attached to each share class.
- The authorized number of directors.
- Objects.
- Restrictions on business (if there are no restrictions, that must be stated in the articles).
- Other provisions (if there are no other provisions, that must be stated in the articles).

11 AUTHORIZED NUMBER OF DIRECTORS (BYLAWS)

If the number of directors is specified in the bylaws, the number of directors specified must fall within the number or range found in the articles.

Do the bylaws include a provision that states the current authorized number of directors: *Select only one (1)*

- Yes No (*Go to Section 12*)

► Select <u>only one</u> (1)	<input type="checkbox"/> Minimum # of Directors: _____ <input type="checkbox"/> Maximum # of Directors: _____	◀ OR ▶	<input type="checkbox"/> Fixed # of Directors: _____
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12 BYLAWS

Bylaws **must** be signed by the president and secretary of the co-operative to be considered certified.

A copy of the bylaws **must** be enclosed.

► **REQUIRED:** I confirm that the bylaws were approved by the members of the amalgamating entities.

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13	REGISTERED OFFICE ADDRESSES
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Instructions:

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

Registered Office PHYSICAL ADDRESS		Registered Office 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>)	
<p>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 mailing address on file.</p>			
Email Address: (<i>Optional</i>)			
Mailing Address Name: (<i>Optional - if different from Entity name</i>)			

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14 DIRECTOR/OFFICER DETAILS

Instructions:

- If there are more than five (5) directors or officers, please photocopy the next page before proceeding and attach to this form.
- A majority of the directors **must** be resident Canadians.
- If none of the directors have a Saskatchewan address, a **Power of Attorney** form **must** be submitted along with this form.
- A power of attorney is **not** permitted if there is a director with 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.

► Director / Officer

First Name:		Role(s): (Select all that apply)	
Middle Name: (Optional)		<input type="checkbox"/> Director - Resident Canadian Select one (1): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:		<input type="checkbox"/> Officer - Office Held: _____ (ex: President, Secretary)	
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 [If checked, do <u>not</u> complete Mailing Address fields below]	
Address 1: (IMPORTANT: Physical Address <u>cannot</u> 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)			

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► Director / Officer			
First Name:		Role(s): <i>(Select all that apply)</i>	
Middle Name: <i>(Optional)</i>		<input type="checkbox"/> Director - Resident Canadian <i>Select one (1):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:		<input type="checkbox"/> Officer - Office Held: _____ <i>(ex: President, Secretary)</i>	
PHYSICAL ADDRESS		MAILING ADDRESS	
► <input type="checkbox"/> <i>Check if mail cannot be delivered to this Physical Address</i>		► <input type="checkbox"/> <i>Check if same as Physical Address</i> <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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► Director / Officer			
First Name:		Role(s): <i>(Select all that apply)</i>	
Middle Name: <i>(Optional)</i>		<input type="checkbox"/> Director - Resident Canadian <i>Select one (1):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:		<input type="checkbox"/> Officer - Office Held: _____ <i>(ex: President, Secretary)</i>	
PHYSICAL ADDRESS		MAILING ADDRESS	
► <input type="checkbox"/> <i>Check if mail cannot be delivered to this Physical Address</i>		► <input type="checkbox"/> <i>Check if same as Physical Address</i> <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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► Director / Officer			
First Name:		Role(s): <i>(Select all that apply)</i>	
Middle Name: <i>(Optional)</i>		<input type="checkbox"/> Director - Resident Canadian <i>Select one (1):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:		<input type="checkbox"/> Officer - Office Held: _____ <i>(ex: President, Secretary)</i>	
PHYSICAL ADDRESS		MAILING ADDRESS	
► <input type="checkbox"/> <i>Check if mail cannot be delivered to this Physical Address</i>		► <input type="checkbox"/> <i>Check if same as Physical Address</i> <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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► Director / Officer			
First Name:		Role(s): <i>(Select all that apply)</i>	
Middle Name: <i>(Optional)</i>		<input type="checkbox"/> Director - Resident Canadian <i>Select one (1):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:		<input type="checkbox"/> Officer - Office Held: _____ <i>(ex: President, Secretary)</i>	
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>			

15 STATUTORY DECLARATIONS

REQUIRED - I confirm that:

- I have enclosed a statutory declaration from a director or officer of each of the amalgamating entities.
- The statutory declarations include the information required under Section 154(2) of *The Co-operatives Act, 1996*.

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16 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 Co-operatives 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)