



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 NEW ENTITY NAME TYPE DETAILS

Reserved Name ▶	Name Reservation Number:	Reserved Entity Name:
	Entity Name in Home Jurisdiction:	
	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 ENTITY DETAILS IN HOME JURISDICTION

The corporation's home jurisdiction entity (or corporation) number must be provided below. This is not a business number. If the entity number is not on the corporation's Certificate of Status, it can be found on the Certificate of Incorporation or the Certificate of Amalgamation.

Entity Number in Home Jurisdiction:

Is the entity federally incorporated in Canada: Select <u>only one</u> (1) <input type="checkbox"/> Yes <i>(Leave 'Home Jurisdiction Province/State' field blank on right)</i> <input type="checkbox"/> No	Home Jurisdiction Country:
	Home Jurisdiction Province/State:

Incorporation/Amalgamation Date in Home Jurisdiction: *(Enter date in day/month/year format)*

3 PURPOSE OF REGISTRATION

▶ **Type of Co-operative to Register: Select only one (1)**

Co-operative
 New Generation Co-operative
 Superannuation Co-operative

4 DATES

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)*

Fiscal Year End: *(Enter date in day/month/year format)*

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



5 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.

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: (IMPORTANT : Physical Address cannot 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:
Attention To: (Optional)		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 mailing address on file.			
Email Address: (Optional)			
Mailing Address Name: (Optional - if different from Entity name)			

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6 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.
- 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: <i>(Optional)</i>		<input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held:	
Last Name:		_____ (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 <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> <input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held: _____ (ex: President, Secretary)	
Middle Name: <i>(Optional)</i>			
Last Name:			
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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► 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:			
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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7 | POWER OF ATTORNEY DETAILS

Instructions:

- If there are more than three (3) powers of attorney, please photocopy the next page before proceeding and attach to this form.
- A power of attorney is required for all co-operatives **except** Superannuation Co-operatives, for which it is optional.
- The power of attorney **must** be a resident of 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.

▶ Power of Attorney

First Name:		Firm Name: (Optional)	
Middle Name: (Optional)			
Last Name:			
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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► Power of Attorney			
First Name:		Firm Name: <i>(Optional)</i>	
Middle Name: <i>(Optional)</i>			
Last Name:			
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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► Power of Attorney			
First Name:		Firm Name: <i>(Optional)</i>	
Middle Name: <i>(Optional)</i>			
Last Name:			
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>			

8 | CORPORATE HISTORY REVIEW

► **The declaration box below must be checked.**

In order for the entity to be eligible to be registered extra-provincially in Saskatchewan, the following items ***must*** be confirmed:

- If this entity was formed by incorporation, the entity has never been registered extra-provincially in Saskatchewan.
- If this entity was formed by an amalgamation, the amalgamating entities were never registered extra-provincially in Saskatchewan.
- If this entity has changed home jurisdictions, the entity has never been registered extra-provincially in Saskatchewan.

REQUIRED: I confirm that the necessary review of the corporate history has been conducted and this entity is eligible to be registered extra-provincially in Saskatchewan.

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9 ATTACHMENTS

▶ **Certificate of Status**

A Certificate of Status from the home jurisdiction must be enclosed if the home jurisdiction incorporation/amalgamation date is more than six (6) months in the past.

▶ **Document(s) from Home Jurisdiction**

Copies of the incorporation or amalgamation documents, amendments and bylaws filed in the home jurisdiction must be enclosed.

▶ **New Generation Co-operatives**

REQUIRED: I confirm that the business of the co-operative is restricted to:

- the production, processing or marketing of agricultural products; or
- providing services to people or entities who produce, process or market agricultural products.

▶ **Affidavit (does not apply to Superannuation Co-operatives)**

Co-operatives:

REQUIRED: I confirm that I have enclosed an affidavit of two (2) directors or officers.

The affidavit states:

- that none of the directors is a person who would be disqualified pursuant to section 75 from being a director of a co-operative incorporated pursuant to *The Co-operatives Act, 1996*;
- whether or not the co-operative has been convicted of an offence involving fraud within the preceding five years, and if so, the particulars of the offence; and
- the affidavit verifies information in and accompanying this form.

New Generation Co-operatives:

REQUIRED: I confirm that I have enclosed an affidavit of two (2) directors or officers.

The affidavit states:

- that none of the directors is a person who would be disqualified from being a director of a co-operative incorporated pursuant to *The New Generation Co-Operatives Act*; and
- whether or not the co-operative has been convicted of an offence involving fraud within the preceding five years, and if so, the particulars of the offence; and
- the affidavit verifies information in and accompanying this form.

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10 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 acknowledge that:

The Saskatchewan Corporate Registry should be notified of any change to the entity's status, such as amalgamation or dissolution, in its home jurisdiction.

If the entity is struck off in its home jurisdiction, it must be restored to the register in that jurisdiction in order to continue to do business in Saskatchewan.

I certify that this entity is active in its home jurisdiction, 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)