



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 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 3 (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>	

2 CO-OPERATIVE TYPE

► *Select only one (1):*

- Co-operative New Generation Co-operative

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



3 AMALGAMATING ENTITIES REGISTERED IN SASKATCHEWAN

- Instructions:**
- If there are more than three (3) amalgamating entities, please photocopy this page before proceeding and attach to this form.
 - At least one (1) of the amalgamating entities **must** be extra-provincially registered in Saskatchewan.
 - If the amalgamated entity is a co-operative, all of these entities **must** be extra-provincial co-operatives with the same home jurisdiction.
 - If the amalgamated entity is a new generation co-operative, all of these entities **must** be extra-provincial new generation co-operatives with the same home jurisdiction.

▶ Amalgamating Entity	
Entity Number in Saskatchewan:	Entity Name in Saskatchewan:

▶ Amalgamating Entity	
Entity Number in Saskatchewan:	Entity Name in Saskatchewan:

▶ Amalgamating Entity	
Entity Number in Saskatchewan:	Entity Name in Saskatchewan:

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4 AMALGAMATING ENTITIES NOT REGISTERED IN SASKATCHEWAN

Instructions:

- If there are more than three (3) amalgamating entities, please photocopy this page before proceeding and attach to this form.
- All of these entities must have the same home jurisdiction as the entities listed in Section 3.

► Amalgamating Entity

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

► Amalgamating Entity

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

► Amalgamating Entity

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

5 NEWLY AMALGAMATED ENTITY DETAILS IN HOME JURISDICTION

Entity Number in Home Jurisdiction:	Limited Liability Company: Select <i>only one</i> (1) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the entity federally incorporated in Canada: Select <i>only one</i> (1) <input type="checkbox"/> Yes (Leave 'Home Jurisdiction Province/State' field blank on right) <input type="checkbox"/> No		
		Home Jurisdiction Country:
		Home Jurisdiction Province/State:
Amalgamation Date in Home Jurisdiction:		<i>(Enter date in day/month/year format)</i>



6 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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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.
- 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 <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 [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> <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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8 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.
- 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 [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 [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>			

9 AMALGAMATION DOCUMENTS FROM HOME JURISDICTION
A copy of the amalgamation documents and bylaws (if applicable) filed in the home jurisdiction must be enclosed.
New Generation Co-operatives
► <input type="checkbox"/> REQUIRED: I confirm that the business of the co-operative is restricted to: <ul style="list-style-type: none"> • the production, processing or marketing of agricultural products; or • providing services to people or entities who produce, process or market agricultural products.

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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)