



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 NAME CHANGE DETAILS

Complete this section only if the entity name has changed.

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>	
	Registered Office Address Mailing Name: (if different from new entity name)	

3 SHARE CAPITAL

Complete this section only if the share capital information has changed.

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

Yes, the entity has share capital. (Complete **Section 3.1** before proceeding to **Section 4**)

No, the entity does not have share capital. The interest of each member is the same as every other member. (Go to **Section 4**)

▶ 3.1 - 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	Remove, Update, or Add Share Class	Maximum Number of Shares <i>(Specify number or Unlimited)</i> <i>(A selection is Required)</i>	Share Class Type <i>(A selection is Required)</i>	Par Value of Shares
	<input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Update	Select only one: { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	
	<input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Update	Select only one: { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	
	<input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Update	Select only one: { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	

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

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4 AUTHORIZED NUMBER OF DIRECTORS

Complete this section only if the authorized number of directors has changed.

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)	<input type="checkbox"/>	Minimum # of Directors: _____	◀ OR ▶	<input type="checkbox"/>	Fixed # of Directors: _____
		Maximum # of Directors: _____			

5 OBJECTS

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

6 RESTRICTIONS ON BUSINESS

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

7 OTHER PROVISIONS

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

8 ARTICLES DOCUMENT

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

- ▶ **The Articles of Reorganization 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).

9 COURT ORDER / PLAN OF ARRANGEMENT

A court order and a plan of arrangement must be enclosed. The plan of arrangement may be included in the court order, or it may be a separate document.

10 EFFECTIVE DATE

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

Effective Date: _____ *(Enter date in day/month/year format)*



11 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)