

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 NEW FISCAL YEAR END DATE

Complete this section only if the fiscal year end date is changing.

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

3 FINANCIAL DETAILS

As per the attached financial statement for the entity, enter values for each line item below.
Enter \$0 if there is no value (*not acceptable responses* are: N/A, see attached, or a strikethrough line).

Financial Details for Fiscal Year Ending on:	<i>(Enter date in day/month/year format)</i>	Total Assets:	\$
Total Revenue:	\$	Total Liabilities:	\$
Total Expenditures:	\$	Total Retained Earnings or Members' Equity	\$

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Continue on Next Page

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

4 WAIVE AUDIT

► **Waive Audit: Select *only one* (1)**

- Yes (complete the applicable declaration below and go to **Section 6**)
- No (Go to **Section 5**)

► **For Co-operatives:**

- REQUIRED:** I confirm that none of the following conditions apply:
- (a) the co-operative does not provide goods or services primarily for its members;
 - (b) the co-operative solicits or has solicited donations or gifts of moneys or property from the public;
 - (c) the co-operative receives or has received any grant of money or property from a government or government agency in any fiscal year of the co-operative that is in excess of 10% of its total income for that fiscal year or any greater amount that may be prescribed;
 - (d) the co-operative is a registered charity within the meaning of *The Income Tax Act* (Canada); or
 - (e) the co-operative is subject to Part XXI of *The Co-operatives Act, 1996*.

► **For New Generation Co-operatives:**

- REQUIRED:** I confirm that none of the following conditions apply:
- (a) the co-operative receives or has received any grant of money or property from a government or government agency in any financial year of the co-operative that is in excess of 10% of its total income for that financial year, or any greater amount that may be prescribed; or
 - (b) the co-operative is a distributing co-operative.

5 AUDITOR DETAILS

► **Select *only one* (1) of the following:**

- The auditor is a member in good standing of a recognized accounting professional association in Saskatchewan.
- The auditor meets at least one of the following qualifications:
- they have bookkeeping or accounting experience within the last 3 years; or
 - they have obtained a diploma or higher in accounting or related field in the last 3 years.

► **For Co-operatives:**

- REQUIRED:** I confirm that the auditor:
- is not a business partner, a director, an officer or an employee of the co-operative or any of its subsidiaries, or a business partner of any director, officer or employee of that co-operative or any of its subsidiaries;
 - does not beneficially own or control, directly or indirectly, a material interest in any security of the co-operative or any of its subsidiaries;
 - has not been a receiver, receiver-manager, liquidator or trustee in bankruptcy of the co-operative or any of its subsidiaries within two years of his or her proposed appointment as auditor of the co-operative;
 - has been approved by the members or board of the co-operative or by the courts; and
 - has undertaken to resign immediately if he or she ceases to meet any of the above requirements.

Name of Auditor:

Firm Name: (Optional)

► Mailing Address			
Address:			
City / Town:	Province:	Postal Code:	Country:

6 FINANCIAL STATEMENT ATTACHMENT

A financial statement for the fiscal year being reported must be enclosed.

► Select *only one (1)* of the following:

I confirm that the auditor's report is included with the financial statement and is signed by the auditor specified in Section 5 above.

I confirm that the audit has been waived and an auditor's report is not required.

► *REQUIRED:* I confirm that the enclosed financial statement is signed by at least one director indicating approval on behalf of the board.

7 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)