

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 ENTITY NAME TYPE DETAILS

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

1. <input type="checkbox"/> Protected Name • the entity was struck off less than one (1) year ago	Nature of Business: (Be specific) 💡 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.	
2. <input type="checkbox"/> Reserved Name	Name Reservation Number:	Reserved Entity Name:
Name Conditions: (if applicable) 💡 If conditions were applied in the name reservation, signed name conditions forms must be enclosed with this form.		

3 NEW FISCAL YEAR END DATE

Complete this section only if the fiscal year end date has changed.

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

4 NUMBER OF MEMBERS

Current Number of Members:

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

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5 UPDATE ENTITY DETAILS

If any entity details have changed, the related form(s) and applicable fees (if any) must be enclosed along with this form. The information on the enclosed form(s) will be used to update the entity at the time of the restoral.

► **The following forms are enclosed to update the entity:** *(Select all that apply)*

- Change of Registered Office Addresses
- Change of Directors / Officers
- Power of Attorney
- Liquidator / Receiver-Manager
- Change Nature of Business
- Amendment

6 FINANCIAL STATEMENT(S)

If the co-operative is a community service co-operative, housing co-operative, community clinic or new generation co-operative, complete and enclose a separate copy of the **Financial Statement** form for each fiscal year since the last financial statement was filed with the Corporate Registry.

Include the appropriate attachments, as indicated on the **Financial Statement** form, and enclose them with this form.

7 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)

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Continue on Next Page

8 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)