



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 in Saskatchewan:	Entity Name in Saskatchewan:
--------------------------------	------------------------------

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	• <i>the entity was struck off less than one (1) year ago</i>	
2. <input type="checkbox"/> 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>	

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)*

THIS SECTION INTENTIONALLY LEFT BLANK
Continue on Next Page

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

IMPORTANT: FOR PROPER PROCESSING, PLEASE ENSURE ALL PAGES OF THIS FORM ARE SUBMITTED. FORMS WITH MISSING PAGES WILL BE RETURNED.



4 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 (Extra-Provincial)
- Liquidator / Receiver-Manager
- Change Nature of Business
- Amendment (Extra-Provincial)

5 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: <i>(Optional)</i>	
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>			



► 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>			

THIS SECTION INTENTIONALLY LEFT BLANK
Continue on Next Page



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

6	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)*

THIS SECTION INTENTIONALLY LEFT BLANK
Continue on Next Page



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 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)