



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](http://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](http://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](http://www.isc.ca)

1-866-275-4721

[corporateregistry@isc.ca](mailto:corporateregistry@isc.ca)

**1 ENTITY DETAILS**

|                |              |
|----------------|--------------|
| Entity Number: | Entity Name: |
|----------------|--------------|

**2 ENTITY NAME DETAILS**

Complete this section **only** if the name has changed.

|                          |                       |
|--------------------------|-----------------------|
| 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.

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

**3 NEW ELIGIBLE PROFESSION**

Complete this section **only** if the eligible profession has changed.

|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>NEW Eligible Profession:</b><br>▶ Select <b>only one (1)</b> | <input type="checkbox"/> Professional Accountants                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Lawyers                       |
|                                                                 | <input type="checkbox"/> Engineers and Geoscientists                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Applied Science Technologists |
|                                                                 | <input type="checkbox"/> Psychologists                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Podiatrists                   |
|                                                                 | <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |
|                                                                 | <input type="checkbox"/> <b>REQUIRED:</b> By signing this registration statement, the person filing the amendment statement on behalf of the professional partnership confirms that the members of that profession are expressly authorized by or under the Act by which that profession is governed in Saskatchewan to carry on the practice of the profession through a limited liability partnership. Any prerequisites to that authorization that have been established under the Act have been met by the partnership. |                                                        |

**4 CONSENT OF GOVERNING BODY**

If the eligible profession has changed, the signed consent form from the professional association that governs the entity's designated profession must be enclosed.

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

**5 DESIGNATED PARTNER REPRESENTATIVE DETAILS**

Complete this section **only** if the designated partner representative has changed.

**Instructions:**

- The limited liability partnership **must** have only one (1) designated partner representative.
- The physical address of designated partner representative **must** be in 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.

**► Update/Remove Existing Designated Partner Representative**

|                                                                                                                        |                     |                                                                                                                                   |                     |
|------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>First Name:</b>                                                                                                     |                     | <b>Last Name:</b>                                                                                                                 |                     |
| <b>Firm Name:</b> (Optional)                                                                                           |                     |                                                                                                                                   |                     |
| <b>Type of Change:</b><br>► Select <u>only one</u> (1) <input type="checkbox"/> Update <input type="checkbox"/> Remove |                     | <b>Effective Date:</b> (Enter date in day/month/year format)                                                                      |                     |
| <b>PHYSICAL ADDRESS</b>                                                                                                |                     | <b>MAILING ADDRESS</b>                                                                                                            |                     |
| ► <input type="checkbox"/> Check if mail cannot be delivered to this Physical Address                                  |                     | ► <input type="checkbox"/> Check if same as Physical Address<br>[If checked, do <u>not</u> complete Mailing Address fields below] |                     |
| <b>Address 1:</b> (IMPORTANT: Physical Address <u>cannot</u> be a P.O. Box)                                            |                     | <b>Address 1:</b>                                                                                                                 |                     |
| <b>Address 2:</b>                                                                                                      |                     | <b>Address 2:</b>                                                                                                                 |                     |
| <b>Address 3:</b>                                                                                                      |                     | <b>Address 3:</b>                                                                                                                 |                     |
| <b>City / Town / RM:</b>                                                                                               |                     | <b>City / Town:</b>                                                                                                               |                     |
| <b>Province:</b>                                                                                                       |                     | <b>Province:</b>                                                                                                                  |                     |
| <b>Country:</b>                                                                                                        | <b>Postal Code:</b> | <b>Country:</b>                                                                                                                   | <b>Postal Code:</b> |
| <b>Email Address:</b> (Optional)                                                                                       |                     |                                                                                                                                   |                     |

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|                                                                                       |              |                                                                                                                                          |              |
|---------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>▶ Add New Designated Partner Representative</b>                                    |              |                                                                                                                                          |              |
| First Name:                                                                           |              | Last Name:                                                                                                                               |              |
| Firm Name: <i>(Optional)</i>                                                          |              |                                                                                                                                          |              |
| Effective Date:                                                                       |              | <i>(Enter date in day/month/year format)</i>                                                                                             |              |
| <b>PHYSICAL ADDRESS</b>                                                               |              | <b>MAILING ADDRESS</b>                                                                                                                   |              |
| ▶ <input type="checkbox"/> Check if mail cannot be delivered to this Physical Address |              | ▶ <input type="checkbox"/> Check if same as Physical Address<br><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>                                                      |              |                                                                                                                                          |              |

|                                                                                                                                                      |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>6</b>                                                                                                                                             | <b>EFFECTIVE DATE</b>                        |
| 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:                                                                                                                                      | <i>(Enter date in day/month/year format)</i> |

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**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 Corporations 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)