



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

Has the limited liability partnership been cancelled by the Corporate Registry in the last 90 days:

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

1. <input type="checkbox"/> Yes ▶	Entity Number in Saskatchewan:	Entity Name in Saskatchewan:
2. <input type="checkbox"/> No ▶	Name Reservation Number:	Reserved Entity Name:
<p>Name Conditions: (If applicable) 💡 If conditions were applied in the name reservation, signed name conditions forms must be enclosed with this form.</p> <p>Authorization Statement from Professional Association: 💡 If a name reservation was completed, the signed consent form from the professional association that governs the entity's designated profession must be enclosed.</p>		

2 ENTITY DETAILS IN GOVERNING JURISDICTION

Entity Number in Governing Jurisdiction:	
Is the entity federally registered in Canada: Select <i>only one (1)</i> <input type="checkbox"/> Yes (Leave 'Governing Jurisdiction Province/State' field blank on right) <input type="checkbox"/> No	Governing Jurisdiction Country: Governing Jurisdiction Province/State:
Registration Date in Governing Jurisdiction: (Enter date in day/month/year format)	

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▼ 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.



3 REGISTERED OFFICE ADDRESSES

Instructions:

- The physical address of the registered office **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.

Registered Office PHYSICAL ADDRESS		Registered Office 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:
Attention To: (<i>Optional</i>)		Attention To: (<i>Optional</i>)	
IMPORTANT: If an email address is provided below, the Annual Return advance notice will be sent to this email address. If the email address field is left blank, the Annual Return advance notice will be sent by regular mail to the mailing address on file.			
Email Address: (<i>Optional</i>)			
Mailing Address Name: (<i>Optional - if different from Entity name</i>)			

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Separate Post Office Box (Optional)

A separate post office box number may be designated as the partnership's Saskatchewan address for service by mail.

If the entity does not have a separate post office box in Saskatchewan, a *Power of Attorney* form must be submitted along with this form.

Address 1:

Address 2:

Address 3:

City / Town / RM:

Province:

Country:

Postal Code:

Attention to:

4 DESIGNATED PARTNER REPRESENTATIVE DETAILS

Instructions:

- 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.

First Name:

Last Name:

Firm Name: (Optional)

PHYSICAL ADDRESS

MAILING ADDRESS

▶ Check if mail cannot be delivered to this Physical Address

▶ Check if same as Physical Address
[If checked, do not complete Mailing Address fields below]

Address 1: (IMPORTANT: Physical Address cannot be a P.O. Box)

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: (Optional)



5 ATTACHMENTS

► **Certificate of Status**

A Certificate of Status from the governing jurisdiction must be enclosed if the registration date in the governing jurisdiction is greater than six (6) months in the past.

► **Governing Jurisdiction Documents**

A copy of the registration documents and any amendments filed in the governing jurisdiction must be enclosed.

6 REGISTRATION DATE

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

Registration Date:

(Enter date in day/month/year format)

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 acknowledge that:**

The Saskatchewan Corporate Registry should be notified if the entity becomes inactive in its home jurisdiction.

The entity cannot continue to do business in Saskatchewan while it is inactive in its home jurisdiction.

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)