



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 PUBLICATION DETAILS

Newspaper Title:

2 PROPRIETOR DETAILS

- Instructions:**
- If there are more than two (2) proprietors, please photocopy the next page before proceeding and attach to this form.
 - There must be at least one (1) proprietor.

► Proprietor

Name of Proprietor:

- Proprietor Type: Select only one (1)**
- Individual
 - Body Corporate - Entity Number: _____
 - Limited Partnership - Entity Number: _____
 - Indian Band - Entity Number: _____

PHYSICAL ADDRESS <i>(REQUIRED for Individual only)</i>		MAILING ADDRESS <i>(REQUIRED for Individual only)</i>	
<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>			

▼ 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.



► Proprietor			
Name of Proprietor:			
► Proprietor Type: <i>Select only one (1)</i>			
<input type="checkbox"/> Individual <input type="checkbox"/> Body Corporate - Entity Number: _____ <input type="checkbox"/> Limited Partnership - Entity Number: _____ <input type="checkbox"/> Indian Band - Entity Number: _____			
PHYSICAL ADDRESS <i>(REQUIRED for Individual only)</i>		MAILING ADDRESS <i>(REQUIRED for Individual only)</i>	
► <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>			

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3 EDITOR DETAILS

Instructions:

- If there are more than two (2) editors, please photocopy the next page before proceeding and attach to this form.
- There **must** be at least one (1) editor.

▶ Editor

Name of Editor:

▶ Editor Type: Select only one (1)

- Individual
- Body Corporate - Entity Number: _____
- Limited Partnership - Entity Number: _____
- Indian Band - Entity Number: _____

PHYSICAL ADDRESS <i>(REQUIRED for Individual only)</i>		MAILING ADDRESS <i>(REQUIRED for Individual only)</i>	
▶ <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>			

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▶ Editor			
Name of Editor:			
▶ Editor Type: Select <u>only one</u> (1)			
<input type="checkbox"/> Individual <input type="checkbox"/> Body Corporate - Entity Number: _____ <input type="checkbox"/> Limited Partnership - Entity Number: _____ <input type="checkbox"/> Indian Band - Entity Number: _____			
PHYSICAL ADDRESS <i>(REQUIRED for Individual only)</i>		MAILING ADDRESS <i>(REQUIRED for Individual only)</i>	
▶ <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>			

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4 PUBLISHER DETAILS

Instructions:

- If there are more than two (2) publishers, please photocopy the next page before proceeding and attach to this form.
- There **must** be at least one (1) publisher.
- The publisher may be either an individual or an entity.

► Publisher

Name of Publisher:

► Publisher Type: Select only one (1)

- Individual
- Body Corporate - Entity Number: _____
- Limited Partnership - Entity Number: _____
- Indian Band - Entity Number: _____

PHYSICAL ADDRESS <i>(REQUIRED for Individual only)</i>		MAILING ADDRESS <i>(REQUIRED for Individual only)</i>	
► <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>			

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► Publisher			
Name of Publisher:			
► Publisher Type: <i>Select <u>only one</u> (1)</i>			
<input type="checkbox"/> Individual <input type="checkbox"/> Body Corporate - Entity Number: _____ <input type="checkbox"/> Limited Partnership - Entity Number: _____ <input type="checkbox"/> Indian Band - Entity Number: _____			
PHYSICAL ADDRESS <i>(REQUIRED for Individual only)</i>		MAILING ADDRESS <i>(REQUIRED for Individual only)</i>	
► <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>			

5	EFFECTIVE DATE
Unless a future date is specified below, the date the properly completed forms and applicable fees are received will be considered the effective date.	
Effective Date:	<i>(Enter date in day/month/year format)</i>

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6 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)