

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 NAME TYPE DETAILS

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

1. <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.	
2. <input type="checkbox"/> Numbered Name	Legal Ending: Select <i>only one (1)</i> <input type="checkbox"/> Inc. <input type="checkbox"/> Incorporated <input type="checkbox"/> Corp. <input type="checkbox"/> Corporation	
	Nature of Activity: (Be specific)  The nature of activity 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 activity description provided.	

Has the entity ever been registered as an extra-provincial entity in Saskatchewan:

► Select *only one (1)* of the following:

- Yes - Entity Number in Saskatchewan:** _____ **No** ► (Go to **Section 2**)
 ► (Go to **Section 3**)
 [Do *not* complete Section 2]

2 ENTITY DETAILS IN HOME JURISDICTION PRIOR TO CONTINUANCE

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

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

3 AUTHORIZATION DOCUMENT

Jurisdictional Continuance into Saskatchewan requires a certificate or letter of authorization issued by the current home jurisdiction.

The certificate or letter of authorization issued by the home jurisdiction is enclosed.

Authorization Expiry Date: (if applicable)

(Enter date in day/month/year format)

4 DATES

The fiscal year end may be up to 14 months in the future. If the fiscal year end falls within two months after the continuance date, provide the fiscal year end for the following year.

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

Fiscal Year End:

(Enter date in day/month/year format)

Effective Date:

(Enter date in day/month/year format)

5 MEMBERSHIP CLASS INFORMATION

List the names (ex: regular, associate, honorary, etc.) and voting rights for each membership class.

If there are more than four (4) membership classes, please attach a separate document listing membership class information for each class.

Name of Membership Class	Voting Rights (A selection is Required)	Name of Membership Class	Voting Rights (A selection is Required)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

6 CORPORATION TYPE

▶ Select **only one** (1) Membership Charitable

7 AUTHORIZED NUMBER OF DIRECTORS

A membership corporation requires **at least** one (1) director.

A charitable corporation requires **at least** three (3) directors.

▶ Select **only one** (1) Minimum # of Directors: _____
 Maximum # of Directors: _____ ◀ OR ▶ Fixed # of Directors: _____

8 RIGHT TO TRANSFER MEMBERSHIP INTEREST

▶ Select **only one** (1) None Rights provided in articles document



9 RESTRICTIONS ON ACTIVITIES

▶ Select **only one (1)** None Restrictions provided in articles document

10 OTHER PROVISIONS

▶ Select **only one (1)** None Provisions provided in articles document

11 DISSOLUTION PROVISIONS

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

<input type="checkbox"/> Membership Corporation ▶ Select only one (1) of the two options on right	<input type="checkbox"/> 1.) As permitted in accordance with subsection 16-19(4) of the Act. <input type="checkbox"/> 2.) Provisions contained in attached document.
<input type="checkbox"/> Charitable Corporation ▶ Select only one (1) of the three options on right	<input type="checkbox"/> 1.) None Note: If None is selected and a distribution scheme is not provided for in these articles or any subsequent amendments, a court order pursuant to subsection 16-19(6) of the Act will be required at the time of dissolution. <hr/> <input type="checkbox"/> 2.) Provisions contained in attached document. <hr/> <input type="checkbox"/> 3.) Predefined - Select one or more of the following options: <ul style="list-style-type: none"> <input type="checkbox"/> A charitable corporation <input type="checkbox"/> A registered charity within the meaning of the <i>Income Tax Act (Canada)</i> <input type="checkbox"/> A municipality <input type="checkbox"/> The Government of Canada, a government of any province, or an agency of any of those governments

12 ARTICLES DOCUMENT

If there is more than one membership class or if there are any rights to transfer membership interest, restrictions on activities, dissolution provisions or other provisions, a document containing the complete articles of continuance must be enclosed.

- ▶ **The Articles of Continuance must include:**
- The name of the entity.
 - The corporation type (membership or charitable).
 - Membership class information, including the rights, privileges, restrictions and conditions attached to each membership class.
 - The authorized number of directors.
 - The right to transfer membership interest (if there is no right, that must be stated in the articles).
 - Restrictions on activities (if there are no restrictions, that must be stated in the articles).
 - Dissolution provisions (if there are no provisions, that must be stated in the articles).
 - Other provisions (if there are no other provisions, that must be stated in the articles).



13 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 [If checked, do <u>not</u> complete Mailing Address fields below]	
Address 1: (IMPORTANT : Physical Address <u>cannot</u> 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:
Attention To: (Optional)		Attention To: (Optional)	
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: (Optional)			
Mailing Address Name: (Optional - if different from Entity name)			

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14 DIRECTOR/OFFICER DETAILS

Instructions:

- If there are more than three (3) directors or officers, please photocopy the next page before proceeding and attach to this form.
- If none of the directors or officers have a Saskatchewan address, a **Power of Attorney** form **must** be submitted along with this form.
- The physical address **cannot** be a post office box.
- Rural locations **must** use legal land descriptions, including RM names and numbers or civic addresses.

► Director / Officer

First Name:		Role(s): (Select all that apply)	
Middle Name: (Optional)		<input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held:	
Last Name:		_____ (ex: President, Secretary)	
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 [If checked, do <u>not</u> complete Mailing Address fields below]	
Address 1: (IMPORTANT: Physical Address <u>cannot</u> 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)			

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► Director / Officer			
First Name:		Role(s): <i>(Select all that apply)</i>	
Middle Name: <i>(Optional)</i>		<input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held:	
Last Name:		_____	
		(ex: President, Secretary)	
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>			

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► Director / Officer			
First Name:		Role(s): <i>(Select all that apply)</i>	
Middle Name: <i>(Optional)</i>		<input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held:	
Last Name:		_____	
		(ex: President, Secretary)	
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>			

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15 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)