



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 (prior to continuance):
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2 ENTITY NAME TYPE DETAILS

▶ **Name Type:** *Select only one (1) of the three options below, and complete the associated fields.*

1. <input type="checkbox"/> Retain Entity Name in Saskatchewan (the name in the new home jurisdiction must be the same as the existing name name in Saskatchewan)		
2. <input type="checkbox"/> New ► Numbered Name in Home Jurisdiction	Entity Name in Home Jurisdiction:	
3. <input type="checkbox"/> New ► Named Name in Home Jurisdiction	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>	

Mailing Name: (if different from new entity name)

▼ 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 ENTITY DETAILS IN HOME JURISDICTION

The corporation's home jurisdiction entity (or corporation) number must be provided below. This is not a business number. If the entity number is not on the corporation's Certificate of Status, it can be found on the Certificate of Incorporation or the Certificate of Amalgamation.

Entity Number in Home Jurisdiction:

Is the entity federally incorporated in Canada: Select *only one* (1)

- Yes (Leave 'Home Jurisdiction Province/State' field blank on right) No

Home Jurisdiction Country:

Home Jurisdiction Province/State:

4 POWER OF ATTORNEY DETAILS

 **Instructions:**

- If none of the directors or officers have a Saskatchewan address, this section must be completed.
- If there are more than three (3) powers of attorney, please photocopy the next page before proceeding and attach to this form.
- 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:

Middle Name:
(Optional)

Last Name:

Firm Name: (Optional)

PHYSICAL ADDRESS

- Check if mail cannot be delivered to this Physical Address

MAILING 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)

► 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 [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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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"/> <i>Check if mail cannot be delivered to this Physical Address</i>		► <input type="checkbox"/> <i>Check if same as Physical Address [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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Continue on Next Page

5 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 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)