



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.saskregistries.ca/fees/corporateregistryfees 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 entity 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. ☐ Yes ►	Entity Number in Saskatchewan:	Entity Name in Saskatchewan:
2. ☐ No ►	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.		
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.		

2 ENTITY DETAILS IN HOME JURISDICTION

Home Jurisdiction: ► Select <u>only one</u> (1) ☐ British Columbia ☐ Alberta ☐ Manitoba	Home Jurisdiction Entity Number:
	Registration Date in Home Jurisdiction: (Enter date in day/month/year format)

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



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**

► ☐ Check if mail cannot be delivered to this Physical Address

Registered Office **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:

Saskatchewan

Province:

Country:

Canada

Postal Code:

Country:

Postal Code:

Attention To: (Optional)

Attention To: (Optional)

Email Address: (Optional)

Mailing Address Name: (Optional - if different from Entity name)

4 ELIGIBLE PROFESSION

Eligible Profession:

► Select **only one** (1)

- | | |
|--|--|
| ☐ Professional Accountants | ☐ Lawyers |
| ☐ Engineers and Geoscientists | ☐ Applied Science Technologists |
| ☐ Psychologists | ☐ Podiatrists |
| ☐ Other: _____ | |

☐ **REQUIRED:** 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.



5 POWER OF ATTORNEY DETAILS

- Instructions:**
- 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:		Firm Name: (Optional)	
Middle Name: (Optional)			
Last Name:			
PHYSICAL ADDRESS		MAILING ADDRESS	
► ☐ Check if mail cannot be delivered to this Physical Address		► ☐ 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: Saskatchewan		Province:	
Country: Canada	Postal Code:	Country:	Postal Code:
Email Address: (Optional)			

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► Power of Attorney			
First Name:		Firm Name: <i>(Optional)</i>	
Middle Name: <i>(Optional)</i>			
Last Name:			
PHYSICAL ADDRESS		MAILING ADDRESS	
► ☐ Check if mail cannot be delivered to this Physical Address		► ☐ 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 <u>cannot</u> be a P.O. Box)</i>		Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
City / Town / RM:		City / Town:	
Province: Saskatchewan		Province:	
Country: Canada	Postal Code:	Country:	Postal Code:
Email Address: <i>(Optional)</i>			

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► Power of Attorney			
First Name:		Firm Name: <i>(Optional)</i>	
Middle Name: <i>(Optional)</i>			
Last Name:			
PHYSICAL ADDRESS		MAILING ADDRESS	
► ☐ Check if mail cannot be delivered to this Physical Address		► ☐ 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 <u>cannot</u> be a P.O. Box)</i>		Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
City / Town / RM:		City / Town:	
Province: Saskatchewan		Province:	
Country: Canada	Postal Code:	Country:	Postal Code:
Email Address: <i>(Optional)</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 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)