



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

Saskatchewan Entity Number:	Saskatchewan Entity Name:		
Home Jurisdiction: ▶ <i>Select only one (1)</i>	<input type="checkbox"/> British Columbia	<input type="checkbox"/> Alberta	<input type="checkbox"/> Manitoba
			Home Jurisdiction Entity Number:

2 CHANGE ENTITY NAME DETAILS

Complete this section **only** if the name has changed.

Name Reservation Number:	Reserved Entity Name:
Name Conditions: <i>(if applicable)</i> 💡 <i>If conditions were applied in the name reservation, signed name conditions forms must be enclosed with this form.</i>	
Registered Office Address Mailing Name: <i>(if different from new entity name)</i>	

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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 CHANGE REGISTERED OFFICE ADDRESSES

Complete this section **only** if the address has changed.

Instructions:

- All applicable fields for the Registered Office Physical **AND** Mailing Address must be completed (even if no changes are being made to either address). The form will be returned if both the Registered Office Physical and Mailing addresses are not provided.
- 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)	
Email Address: (Optional)			
<input type="checkbox"/> Check here to remove the Registered Office Email Address currently on file			
Mailing Address Name: (Optional - if different from Entity name)			

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4 CHANGE ELIGIBLE PROFESSION

Complete this section **only** if the eligible profession has changed.

NEW Eligible Profession:
▶ *Select only one (1)*

- | | |
|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Professional Accountants | <input type="checkbox"/> Lawyers |
| <input type="checkbox"/> Engineers and Geoscientists | <input type="checkbox"/> Applied Science Technologists |
| <input type="checkbox"/> Psychologists | <input type="checkbox"/> Podiatrists |
| <input type="checkbox"/> 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.

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5 CHANGE POWER OF ATTORNEY DETAILS

Complete this section **only** if the power of attorney has changed.

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 effective date for a resignation may **not** be earlier than the date the notice of resignation was sent to the entity.
- 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:	
Type of Change: <input type="checkbox"/> Add <input type="checkbox"/> Update ► Select <u>only one</u> (1) <input type="checkbox"/> Remove <input type="checkbox"/> Resign	Effective Date: (Enter date in day/month/year format)

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.

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 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:
Attention To: (Optional)		Attention To: (Optional)	
Email Address: (Optional)			



► Power of Attorney			
First Name:		Firm Name: <i>(Optional)</i>	
Middle Name: <i>(Optional)</i>			
Last Name:			
Type of Change: <input type="checkbox"/> Add <input type="checkbox"/> Update ► <i>Select only one (1)</i> <input type="checkbox"/> Remove <input type="checkbox"/> Resign		Effective Date: <i>(Enter date in day/month/year format)</i>	
💡 Instructions: <ul style="list-style-type: none"> 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. 			
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 not 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>	
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:			
Type of Change: <input type="checkbox"/> Add <input type="checkbox"/> Update ► <i>Select only one (1)</i> <input type="checkbox"/> Remove <input type="checkbox"/> Resign		Effective Date: <i>(Enter date in day/month/year format)</i>	
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► <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 not 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>	
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 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)