



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 NEW ENTITY NAME TYPE DETAILS

Reserved Name ▶	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>	

2 ENTITY DETAILS IN HOME JURISDICTION

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:
	Incorporation/Amalgamation Date in Home Jurisdiction: <i>(Enter date in day/month/year format)</i>

3 PURPOSE OF REGISTRATION

▶ **Type of Co-operative to Register:** *Select only one (1)*

Co-operative
 New Generation Co-operative
 Superannuation Co-operative

Principal business in which the co-operative is engaged:

4 TYPE OF REGISTRATION

▶ **Select only one (1):**

Registration
 Amalgamation
 Restoral - Saskatchewan Entity Number: _____

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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.



5 REGISTERED OFFICE ADDRESSES

Instructions:

- 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 <i>[If checked, do <u>not</u> complete Mailing Address fields below]</i>	
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)			
Mailing Address Name: (Optional - if different from Entity name)			

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6 AMALGAMATION INFORMATION

Complete this section only if Amalgamation was selected in Section 4.

List those co-operatives that are extra-provincially registered in Saskatchewan that are amalgamating.

► Amalgamating Entity

Entity Number in Saskatchewan:	Entity Name in Saskatchewan:
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► Amalgamating Entity

Entity Number in Saskatchewan:	Entity Name in Saskatchewan:
---------------------------------------	-------------------------------------

► Amalgamating Entity

Entity Number in Saskatchewan:	Entity Name in Saskatchewan:
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7 | 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.
- A power of attorney is required for all co-operatives **except** Superannuation Co-operatives, for which it is optional.
- 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	
▶ <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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► 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</i> <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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► Power of Attorney			
First Name:		Firm Name: <i>(Optional)</i>	
Middle Name: <i>(Optional)</i>			
Last Name:			
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>			

8 CORPORATE HISTORY REVIEW

In order for the co-operative to be eligible for extra-provincial registration in Saskatchewan, the following items ***must*** be confirmed:

- If this entity was formed by incorporation, the entity has never been extra-provincially registered in Saskatchewan.
- If this entity was formed by an amalgamation, the amalgamating entities were never extra-provincially registered in Saskatchewan.
- If this entity has changed home jurisdictions, the entity has never been extra-provincially registered in Saskatchewan.

► **REQUIRED:** I confirm that the necessary review of the corporate history has been conducted and that this entity is eligible to be extra-provincially registered in Saskatchewan.

9 NEW GENERATION CO-OPERATIVES

Complete this section only if New Generation Co-operative was selected in Section 3.

REQUIRED - I confirm that the business of the co-operative is restricted to:

- The production, processing or marketing of agricultural products; or
- providing services to people or entities who produce, process or market agricultural products.



10 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 of any change to the entity's status, such as amalgamation or dissolution, in its home jurisdiction.

If the entity is struck off in its home jurisdiction, it must be restored to the register in that jurisdiction in order to continue to do business in Saskatchewan.

I certify that this entity is active in its home jurisdiction, I am authorized to file these documents with the Registrar of Co-operatives, 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)