



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](http://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                      **Fax:** (306) 787-8999  
1301 – 1st Avenue,  
Regina, SK S4R 8H2

## Customer Reference Number (optional)

- Your Reference Number: \_\_\_\_\_

Did you know...most submissions are automatically registered when filed online at [corporateregistry.isc.ca](http://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](http://www.isc.ca)

1-866-275-4721

[corporateregistry@isc.ca](mailto:corporateregistry@isc.ca)



**IMPORTANT:**

▶ **A Horizontal Short Form Amalgamation requires that:**

- the amalgamation has been approved by a resolution of the directors of each of the amalgamating corporations in accordance with Section 14-13 of the Act.
- the shares of the amalgamating entities are wholly owned (directly or indirectly) by the holding corporation.
- the holding corporation must be an active Saskatchewan business corporation or may be an extra-provincial business corporation that is not actively registered in Saskatchewan.
- the wholly owned subsidiaries that are amalgamating **must** be active Saskatchewan business corporations.
- the newly amalgamated entity may use the name of one of the amalgamating entities or use a new name.
- the newly amalgamated entity **cannot** use the name or articles of the holding corporation.
- the newly amalgamated entity **must** use the articles of one of the amalgamating entities.

**1 NEWLY AMALGAMATED ENTITY NAME TYPE DETAILS**

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

<p>1. <input type="checkbox"/> <b>Reserved Name</b> ▶</p>	<p><b>Name Reservation Number:</b></p>	<p><b>Reserved Entity Name:</b></p>
<p><b>Name Conditions: (if applicable)</b>   If conditions were applied in the name reservation, signed name conditions forms must be enclosed with this form.</p>		
<p>2. <input type="checkbox"/> <b>Predecessor Name</b> ▶</p>	<p><b>Name of one of the amalgamating entities listed in Section 3:</b></p>	
<p><b>Nature of Business: (Be specific)</b>   The nature of business is coded in accordance with the North American Industry Classification System (NAICS), the list can be found at <a href="http://www.isc.ca/NAICS">www.isc.ca/NAICS</a>. Multiple NAICS codes can be provided. If a NAICS code(s) is not provided, we will select codes that best match the nature of business description provided.</p>		
<p>3. <input type="checkbox"/> <b>Numbered Name</b> ▶</p>	<p><b>Legal Ending:</b>            Select only one (1)    <input type="checkbox"/> Ltd.    <input type="checkbox"/> Limited    <input type="checkbox"/> Inc.    <input type="checkbox"/> Incorporated    <input type="checkbox"/> Corp.    <input type="checkbox"/> Corporation</p> <p><b>Nature of Business: (Be specific)</b>   The nature of business is coded in accordance with the North American Industry Classification System (NAICS), the list can be found at <a href="http://www.isc.ca/NAICS">www.isc.ca/NAICS</a>. Multiple NAICS codes can be provided. If a NAICS code(s) is not provided, we will select codes that best match the nature of business description provided.</p>	

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

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**2 HOLDING CORPORATION**

A Horizontal Short Form Amalgamation requires that the holding corporation **must** directly or indirectly wholly own the shares of the amalgamating entities under Section 3 of this form.

The holding corporation **must** be an active Saskatchewan business corporation or may be an extra-provincial business corporation that is **not** actively registered in Saskatchewan.

The holding corporation **cannot** be part of the amalgamation and the entity name or articles **cannot** be used for the newly amalgamated entity.

► Complete **only one (1)** - Part A or Part B below:

► **Part A: Complete only if the holding corporation is registered in Saskatchewan**

<b>Holding Corporation Entity Number in Saskatchewan:</b>	<b>Holding Corporation Entity Name in Saskatchewan:</b>
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► **Part B: Complete only if the holding corporation is not registered in Saskatchewan**

<b>Holding Corporation Entity Number in Home Jurisdiction:</b>	<b>Holding Corporation Entity Name in Home Jurisdiction:</b>
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<b>Is the Holding Corporation federally incorporated in Canada:</b> ► <i>Select only one (1)</i> <input type="checkbox"/> Yes (Leave 'Home Jurisdiction Province/State' field blank on right) <input type="checkbox"/> No	<b>Home Jurisdiction Country:</b>
	<b>Home Jurisdiction Province/State:</b>

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**3 AMALGAMATING ENTITIES**

The amalgamating entities must be directly or indirectly wholly owned subsidiaries of the holding corporation listed in Section 2.

**Instructions:**

- If there are more than three (3) amalgamating entities, please photocopy this page before proceeding and attach to this form.
- All amalgamating entities **must** be active Saskatchewan business corporations.
- A **minimum** of two (2) amalgamating entities are required.
- The newly amalgamated entity **must** use the articles of one of the amalgamating entities listed below whose shares have not been cancelled.
- The holding company listed in Section 2 cannot be listed as an amalgamating entity in Section 3.

**Amalgamating Entity**

<b>Entity Number:</b>	<b>Entity Name:</b>
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**Amalgamating Entity**

<b>Entity Number:</b>	<b>Entity Name:</b>
-----------------------	---------------------

**Amalgamating Entity**

<b>Entity Number:</b>	<b>Entity Name:</b>
-----------------------	---------------------

**4 NEWLY AMALGAMATED ENTITY DETAILS**

A Horizontal Short Form Amalgamation requires that the articles of one of the amalgamating wholly owned subsidiary corporations whose shares have not been cancelled must be used for the newly amalgamated entity.

► Provide the name of the amalgamating entity from Section 3 whose articles will be used for the newly amalgamated entity:

<b>Entity Number:</b>	<b>Entity Name:</b>
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►  **REQUIRED:** I confirm that the Articles of Amalgamation for the newly amalgamated entity are the same as the Articles of Incorporation or Articles of Amalgamation of the amalgamating corporation listed in Section 3.

**5 CONFIRMATION OF WHOLLY OWNED SUBSIDIARY STRUCTURE**

A Horizontal Short Form Amalgamation requires that the shares of the amalgamating entities are wholly owned (directly or indirectly) by the holding corporation.

►  **REQUIRED:** I confirm that the holding corporation listed in Section 2 wholly owns the amalgamating entities listed in Section 3.



**6 SHARE CLASS INFORMATION**

Provide the share class information as outlined in the articles of the amalgamating corporation listed in Section 4.

If you have more than ten (10) share classes, please photocopy this page, list share class information for each additional class, and attach to this form.

Name of Share Class	Maximum Number of Shares (Specify number or Unlimited)	Voting Rights (A selection is Required)
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Select <i>only one</i> : { <input type="checkbox"/> _____ <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No

**7 AUTHORIZED NUMBER OF DIRECTORS**

Provide the authorized number of directors as outlined in the articles of the amalgamating corporation listed in Section 4.

▶ Select *only one* (1)  Minimum # of Directors: \_\_\_\_\_  
 Maximum # of Directors: \_\_\_\_\_

◀ OR ▶

Fixed # of Directors: \_\_\_\_\_

**8 RESTRICTIONS ON SHARE TRANSFERS**

Provide the restrictions on share transfers as outlined in the articles of the amalgamating corporation listed in Section 4.

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

**9 RESTRICTIONS ON BUSINESS**

Provide the restrictions on business as outlined in the articles of the amalgamating corporation listed in Section 4.

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



**10 OTHER PROVISIONS**

Provide the other provisions as outlined in the articles of the amalgamating corporation listed in Section 4.

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

**11 ARTICLES DOCUMENT**

If there is more than one share class or if there are any restrictions on share transfers, restrictions on business or other provisions, a document containing all the articles of amalgamation must be enclosed.

▶ **The Articles of Amalgamation *must* include:**

- The name of the entity.
- Share class information, including the rights, privileges, restrictions and conditions attached to each share class.
- The authorized number of directors.
- Restrictions on share transfers (if there are no restrictions, that must be stated in the articles).
- Restrictions on business (if there are no restrictions, that must be stated in the articles).
- Other provisions (if there are no other provisions, that must be stated in the articles).

**12 STATUTORY DECLARATION**

▶  **REQUIRED:** I confirm the amalgamation has been approved by a resolution of the directors of each of the amalgamating corporations in accordance with Section 14-13 of the Act.

▶  **REQUIRED:** I confirm that I have enclosed a statutory declaration from a director or officer of each of the amalgamating entities and the statutory declarations include the information required under Section 14-14(2) of the Act.

**13 AMALGAMATION DATE**

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

**Amalgamation Date:** \_\_\_\_\_ *(Enter date in day/month/year format)*

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14 REGISTERED OFFICE ADDRESSES			
<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>The physical address of the registered office <b>must</b> be in Saskatchewan.</li> <li>The physical address <b>cannot</b> be a post office box.</li> <li>Rural locations <b>must</b> use legal land descriptions, including RM names and numbers or civic addresses.</li> </ul>			
<b>Registered Office PHYSICAL ADDRESS</b>		<b>Registered Office MAILING ADDRESS</b>	
▶ <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)	
<p><b>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.</b></p>			
Email Address: (Optional)			
Mailing Address Name: (Optional - if different from Entity name)			

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**15 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.

<b>► Director / Officer</b>			
<b>First Name:</b>		<b>Role(s):</b> (Select all that apply) <input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held:  _____ (ex: President, Secretary)	
<b>Middle Name:</b> (Optional)			
<b>Last Name:</b>			
<b>PHYSICAL ADDRESS</b>		<b>MAILING ADDRESS</b>	
► <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]	
<b>Address 1:</b> (IMPORTANT: Physical Address <u>cannot</u> be a P.O. Box)		<b>Address 1:</b>	
<b>Address 2:</b>		<b>Address 2:</b>	
<b>Address 3:</b>		<b>Address 3:</b>	
<b>City / Town / RM:</b>		<b>City / Town:</b>	
<b>Province:</b>		<b>Province:</b>	
<b>Country:</b>	<b>Postal Code:</b>	<b>Country:</b>	<b>Postal Code:</b>
<b>Email Address:</b> (Optional)			

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<b>► Director / Officer</b>			
<b>First Name:</b>		<b>Role(s):</b> <i>(Select all that apply)</i>  <input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held:  _____ (ex: President, Secretary)	
<b>Middle Name:</b> <i>(Optional)</i>			
<b>Last Name:</b>			
<b>PHYSICAL ADDRESS</b>		<b>MAILING ADDRESS</b>	
► <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>	
<b>Address 1:</b> <i>(IMPORTANT: Physical Address cannot be a P.O. Box)</i>		<b>Address 1:</b>	
<b>Address 2:</b>		<b>Address 2:</b>	
<b>Address 3:</b>		<b>Address 3:</b>	
<b>City / Town / RM:</b>		<b>City / Town:</b>	
<b>Province:</b>		<b>Province:</b>	
<b>Country:</b>	<b>Postal Code:</b>	<b>Country:</b>	<b>Postal Code:</b>
<b>Email Address:</b> <i>(Optional)</i>			

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<b>► Director / Officer</b>			
<b>First Name:</b>		<b>Role(s):</b> <i>(Select all that apply)</i>	
<b>Middle Name:</b> <i>(Optional)</i>		<input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held:	
<b>Last Name:</b>		_____	
		(ex: President, Secretary)	
<b>PHYSICAL ADDRESS</b>		<b>MAILING ADDRESS</b>	
► <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>	
<b>Address 1:</b> <i>(IMPORTANT: Physical Address cannot be a P.O. Box)</i>		<b>Address 1:</b>	
<b>Address 2:</b>		<b>Address 2:</b>	
<b>Address 3:</b>		<b>Address 3:</b>	
<b>City / Town / RM:</b>		<b>City / Town:</b>	
<b>Province:</b>		<b>Province:</b>	
<b>Country:</b>	<b>Postal Code:</b>	<b>Country:</b>	<b>Postal Code:</b>
<b>Email Address:</b> <i>(Optional)</i>			

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**16 NOTICE OF SHAREHOLDER (Optional)**

**Instructions:**

- If there are more than three (3) shareholders, please photocopy this page before proceeding and attach to this form.
- An initial Notice of Shareholders must be filed before the first annual return for the amalgamated entity can be completed.

**► Shareholder**

Shareholder Name:

Address 1:

Address 2:

Address 3:

City / Town:

Province:

Country:

Postal Code:

Share Class	No. of Shares Held	Share Class	No. of Shares Held

**► Shareholder**

Shareholder Name:

Address 1:

Address 2:

Address 3:

City / Town:

Province:

Country:

Postal Code:

Share Class	No. of Shares Held	Share Class	No. of Shares Held



<b>► Shareholder</b>			
Shareholder Name:			
Address 1:			
Address 2:			
Address 3:			
City / Town:		Province:	
Country:		Postal Code:	
Share Class	No. of Shares Held	Share Class	No. of Shares Held

**17 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)