



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:	Entity Name:
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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.



2 DIRECTOR/OFFICER DETAILS

Instructions:

- If there are more than five (5) directors or officers, please photocopy the next page before proceeding and attach to this form.
- The co-operative **must** have a president and a secretary as officers.
- A majority of the directors **must** be resident Canadians.
- If none of the directors have a Saskatchewan address, a **Power of Attorney** form **must** be submitted along with this form.
- A power of attorney is **not** permitted if there is a director with a Saskatchewan address.
- If this form is being submitted with **Restoral** forms, the date the director changes come into effect (as listed in the Effective Date fields) **must** be the same as the effective date of the **Restoral**.
- To resign a director(s), a **Resignation of Directors** form **must** be submitted.
- 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.

▶ Director / Officer

First Name:		Role(s): (Select all that apply)	
Middle Name: (Optional)		<input type="checkbox"/> Director - Resident Canadian Select one (1): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:		<input type="checkbox"/> Officer - Office Held: _____ (ex: President, Secretary)	
Type of Change: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove ▶ Select <u>only one</u> (1)		Effective Date of Change: _____ (Enter date in day/month/year format)	
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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► Director / Officer			
First Name:		Role(s): <i>(Select all that apply)</i>	
Middle Name: <i>(Optional)</i>		<input type="checkbox"/> Director - Resident Canadian <i>Select one (1):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:		<input type="checkbox"/> Officer - Office Held: _____ <i>(ex: President, Secretary)</i>	
Type of Change: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove ► Select <u>only one</u> (1)		Effective Date of Change: _____ <i>(Enter date in day/month/year format)</i>	
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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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► Director / Officer			
First Name:		Role(s): <i>(Select all that apply)</i>	
Middle Name: <i>(Optional)</i>		<input type="checkbox"/> Director - Resident Canadian <i>Select one (1):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:		<input type="checkbox"/> Officer - Office Held: _____ <i>(ex: President, Secretary)</i>	
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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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► Director / Officer			
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Middle Name: <i>(Optional)</i>		<input type="checkbox"/> Director - Resident Canadian <i>Select one (1):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:		<input type="checkbox"/> Officer - Office Held: _____ <i>(ex: President, Secretary)</i>	
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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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► Director / Officer			
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Middle Name: <i>(Optional)</i>		<input type="checkbox"/> Director - Resident Canadian <i>Select one (1):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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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3 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 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)