



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 NAME RESERVATION DETAILS

Entity Number:	Entity Name:
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Is the entity a new generation co-operative: Select *only one* (1) Yes No

► **Type of co-operative to be incorporated: (If 'No' to question above) - Select *only one* (1)**

- Consumers' Co-operative
 Housing Co-operative
 Community Clinic
 Community Service Co-operative
 Employment Co-operative
 Other: _____

Continue with existing name: Select *only one* (1)

- Yes (Go to **Section 2**) [Do not complete Section 1.1]
 No (Complete **Section 1.1 below**) [Then continue to Section 2]

► **1.1 - New Name Details**

NEW Name Language:

► **Select *only one* (1)**

- a. English name only
 b. French name only
 c. English and French names (names must be direct translations)
 d. English name and Indigenous name (names must be direct translations)

NEW Entity Name - ENGLISH: (Complete if option a, c or d is selected above)

► **Legal Ending: Select *only one* (1)**

- Limited
 Ltd.

NEW Entity Name - FRENCH: (Complete if option b or c is selected above)

► **Legal Ending: Select *only one* (1)**

- Limitée
 Ltée

NEW Entity Name - INDIGENOUS Language: (Complete if option d is selected above)

English Translation of New Entity Name: (Complete if option b is selected above)

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



Nature of Business: (Be specific)

The nature of business is coded in accordance with the North American Industry Classification System (NAICS), the list can be found at www.isc.ca/NAICS. 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.

2 ADDITIONAL INFORMATION (Optional)

- Select **only one (1)** of the following:
- Not applicable (No additional information to provide)
 - Able to obtain consent of third party listed in the Notes section below
 - Request related to an existing trademark listed in the Notes section below
 - Undertake to cancel business name listed in the Notes section below
 - Not proceeding with existing name reservation listed the Notes section below
 - Other (See the Notes section below)

Notes:

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)

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