



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  
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](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)



**1 NEW ENTITY NAME TYPE DETAILS**

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

<b>1. <input type="checkbox"/> Reserved ▶ Name</b>	<b>Name Reservation Number:</b>	<b>Reserved Entity Name:</b>
	<b>Entity Name in Home Jurisdiction:</b>	
	<b>Name Conditions: (if applicable)</b> ⚡ <i>If conditions were applied in the name reservation, signed name conditions forms must be enclosed with this form.</i>	
<b>2. <input type="checkbox"/> Numbered ▶ Name in Home Jurisdiction</b>	<b>Entity Name in Home Jurisdiction:</b>	
	<b>Nature of Activity: (Be specific)</b> ⚡ <i>The nature of activity 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 activity description provided.</i>	

**2 REGISTRATION DATE**

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

**Registration Date:** *(Enter date in day/month/year format)*

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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 ENTITY DETAILS IN HOME JURISDICTION**

The corporation's home jurisdiction entity (or corporation) number must be provided below. This is not a business number. If the entity number is not on the corporation's Certificate of Status, it can be found on the Certificate of Incorporation or the Certificate of Amalgamation.

**Entity Number in Home Jurisdiction:**

**Is the entity federally incorporated in Canada: Select only one (1)**

- Yes (Leave 'Home Jurisdiction Province/State' field blank on right)     No

**Home Jurisdiction Country:**

**Home Jurisdiction Province/State:**

**Incorporation/Amalgamation Date in Home Jurisdiction:**

(Enter date in day/month/year format)

**4 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**

- ▶  Check if mail cannot be delivered to this Physical Address

**Registered Office MAILING ADDRESS**

- ▶  Check if same as Physical Address  
[If checked, do **not** 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)**

**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.**

**Email Address: (Optional)**

**Mailing Address Name: (Optional - if different from Entity name)**



**5 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, the **Power of Attorney** section must be completed on 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.

**▶ Director / Officer**

<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> <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>			

**6 CORPORATE HISTORY REVIEW**

► **The declaration box below must be checked.**

In order for the entity to be eligible to be registered extra-provincially in Saskatchewan, the following items ***must*** be confirmed:

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

I confirm that the necessary review of the corporate history has been conducted and this entity is eligible to be registered extra-provincially 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.
- If none of the directors or officers have a Saskatchewan address, this section **must** be completed.
- 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.

<b>► Power of Attorney</b>			
<b>First Name:</b>		<b>Firm Name:</b> (Optional)	
<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>► Power of Attorney</b>			
<b>First Name:</b>		<b>Firm Name:</b> <i>(Optional)</i>	
<b>Middle Name:</b> <i>(Optional)</i>			
<b>Last Name:</b>			
<b>PHYSICAL ADDRESS</b>		<b>MAILING ADDRESS</b>	
► <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 [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>► Power of Attorney</b>			
<b>First Name:</b>		<b>Firm Name:</b> <i>(Optional)</i>	
<b>Middle Name:</b> <i>(Optional)</i>			
<b>Last Name:</b>			
<b>PHYSICAL ADDRESS</b>		<b>MAILING ADDRESS</b>	
► <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 [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>			

**8 | ATTACHMENTS**

**► Certificate of Status**  
A Certificate of Status from the home jurisdiction must be enclosed if the incorporation/amalgamation date in home jurisdiction is more than six (6) months in the past.

**► Document(s) from Home Jurisdiction**  
A copy of the incorporation or amalgamation documents must be enclosed, along with any amendments filed in the home jurisdiction.

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**9 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 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)