



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



IMPORTANT:

► **A Long Form Amalgamation requires that:**

- the amalgamation has been approved by special resolution of shareholders in accordance with Section 14-10 of the Act.
- all amalgamating entities **must** be active Saskatchewan non-profit corporations
- the newly amalgamated entity may use the name and/or articles of any of the amalgamating entities or the newly amalgamated entity may use a new name and new articles.

1 | NEWLY AMALGAMATED ENTITY NAME TYPE DETAILS

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

1. <input type="checkbox"/> Reserved Name ►	Name Reservation Number:	Reserved Entity Name:
Name Conditions: (if applicable) If conditions were applied in the name reservation, signed name conditions forms must be enclosed with this form.		
2. <input type="checkbox"/> Predecessor Name ►	Name of one of the amalgamating entities listed in Section 2:	
Nature of Activity: (Be specific) The nature of activity 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 activity description provided.		
3. <input type="checkbox"/> Numbered Name ►	Legal Ending: Select <u>only one</u> (1) <input type="checkbox"/> Inc. <input type="checkbox"/> Incorporated <input type="checkbox"/> Corp. <input type="checkbox"/> Corporation	
Nature of Activity: (Be specific) The nature of activity 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 activity description provided.		

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



2 AMALGAMATING ENTITIES

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 non-profit corporations.
- A **minimum** of two (2) amalgamating entities are required.

► Amalgamating Entity

Entity Number:

Entity Name:

► Amalgamating Entity

Entity Number:

Entity Name:

► Amalgamating Entity

Entity Number:

Entity Name:

3 NEWLY AMALGAMATED ENTITY DETAILS

A Long Form Amalgamation will allow for the articles of any of the amalgamating entities listed in **Section 2** to be used for the newly amalgamated entity, or new articles may be used.

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

1. ☐ New articles of amalgamation will be used.

2. ☐ Provide the name of the amalgamating entity from **Section 2** whose articles will be used for the newly amalgamated entity:

Entity Number:

Entity Name:

► Please confirm the following by checking the box below if option 2 was selected above.

☐ 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 2.

4 CORPORATION TYPE

Select the corporation type of the newly amalgamated entity.

If any of the amalgamating entities are charitable corporations, the newly amalgamated entity must also be a charitable corporation.

► **Select only one (1)** ☐ Membership ☐ Charitable



5 DATES

The fiscal year end may be up to 14 months in the future. If the fiscal year end falls within two months after the incorporation date, provide the fiscal year end for the following year.

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

Fiscal Year End: _____ (Enter date in day/month/year format)

Amalgamation Date: _____ (Enter date in day/month/year format)

6 MEMBERSHIP CLASS INFORMATION

List the names (ex: regular, associate, honorary, etc.) and voting rights for each membership class.

If there are more than four (4) membership classes, please attach a separate document listing membership class information for each class.

Name of Membership Class	Voting Rights (A selection is Required)	Name of Membership Class	Voting Rights (A selection is Required)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

7 AUTHORIZED NUMBER OF DIRECTORS

Based on the selection in Section 3, provide either the authorized number of directors as outlined in the articles of the amalgamating entity listed in Section 3 or the authorized number of directors for the newly amalgamated entity.

► Select only one (1) ☐ Minimum # of Directors: _____
Maximum # of Directors: _____ ◀ OR ▶ ☐ Fixed # of Directors: _____

8 RIGHT TO TRANSFER MEMBERSHIP INTEREST

Based on the selection in Section 3, provide either the rights to transfer membership interests as outlined in the articles of the amalgamating entity listed in Section 3, or the rights to transfer membership interests for the newly amalgamated entity.

► Select only one (1) ☐ None ☐ Rights provided in articles document

9 RESTRICTIONS ON ACTIVITIES

Based on the selection in Section 3, provide either the restrictions on activities as outlined in the articles of the amalgamating entity listed in Section 3 or the restrictions on business for the newly amalgamated entity.

► Select only one (1) ☐ None ☐ Restrictions provided in articles document

10 OTHER PROVISIONS

Based on the selection in Section 3, provide either the other provisions as outlined in the articles of the amalgamating entity listed in Section 3 or the other provisions for the newly amalgamated entity.

► Select only one (1) ☐ None ☐ Provisions provided in articles document



11 DISSOLUTION PROVISIONS

► **Select only one (1) of the two corporation types below, and complete the associated fields:**

☐ **Membership Corporation**

► **Select only one (1) of the two options on right**

☐ 1.) As permitted in accordance with subsection 16-19(4) of the Act.

☐ 2.) Provisions contained in attached document.

☐ **Charitable Corporation**

► **Select only one (1) of the three options on right**

☐ 1.) None

Note: If None is selected and a distribution scheme is not provided for in these articles or any subsequent amendments, a court order pursuant to subsection 16-19(6) of the Act will be required at the time of dissolution.

☐ 2.) Provisions contained in attached document.

☐ 3.) Predefined - **Select one or more of the following options:**

☐ A charitable corporation

☐ A registered charity within the meaning of the *Income Tax Act (Canada)*

☐ A municipality

☐ The Government of Canada, a government of any province, or an agency of any of those governments

12 ARTICLES DOCUMENT

If there is more than one membership class, or if there are any rights to transfer membership interest, restrictions on activities, dissolution provisions or other provisions, a document containing the full articles of amalgamation must be enclosed.

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

- The name of the entity.
- The corporation type (membership or charitable).
- Membership class information, including the rights, privileges, restrictions and conditions attached to each membership class.
- The authorized number of directors.
- The right to transfer membership interest (if there is no such right, that must be stated in the articles).
- Restrictions on activities (if there are no restrictions, that must be stated in the articles).
- Dissolution provisions (if there are no provisions, that must be stated in the articles).
- Other provisions (if there are no other provisions, that must be stated in the articles).

13 STATUTORY DECLARATION

► ☐ **REQUIRED:** I confirm that the amalgamation has been approved by special resolution of the shareholders of each amalgamating entities in accordance with section 14-10 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 enclosed statutory declarations include the information required under section 14-12(2) of the Act.



14 REGISTERED OFFICE ADDRESSES			
Instructions: <ul style="list-style-type: none">• The physical address of the registered office must be in 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.			
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 [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)	
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)			

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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.

► Director / Officer

First Name:

Middle Name:
(Optional)

Last Name:

Role(s): (Select all that apply)

☐ Director

☐ Officer - Office Held:

(ex: President, Secretary)

PHYSICAL ADDRESS

► ☐ Check if mail cannot be delivered to this Physical Address

Address 1: (IMPORTANT: Physical Address cannot be a P.O. Box)

Address 2:

Address 3:

City / Town / RM:

Province:

Country:

Postal Code:

Email Address: (Optional)

MAILING ADDRESS

► ☐ Check if same as Physical Address
[If checked, do not complete Mailing Address fields below]

Address 1:

Address 2:

Address 3:

City / Town:

Province:

Country:

Postal Code:

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► Director / Officer			
First Name:		Role(s): <i>(Select all that apply)</i> <input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held: _____ (ex: President, Secretary)	
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>			

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► Director / Officer			
First Name:		Role(s): <i>(Select all that apply)</i> <input type="checkbox"/> Director <input type="checkbox"/> Officer - Office Held: _____ (ex: President, Secretary)	
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 <u>cannot</u> 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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16 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)