



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 Vertical Short Form Amalgamation requires that:**

- the amalgamation has been approved by a resolution of the directors of each of the amalgamating corporations listed in Section 1 below in accordance with Section 14-11(1) of the Act.
- all amalgamating entities **must** be active Saskatchewan non-profit corporations.
- the shares of the amalgamating entities are wholly owned (directly or indirectly) by the holding corporation.
- the newly amalgamated entity must use the name and articles of the holding corporation.

1 | AMALGAMATING ENTITIES

All amalgamating entities must be active Saskatchewan non-profit corporations. The amalgamating entities include the holding corporation and entities that are wholly owned subsidiaries of the holding corporation indicated below.

► **Part A: Holding Corporation**

The holding corporation must directly or indirectly wholly own the membership shares of all the other amalgamating entities listed in Part B. The name and articles of the holding corporation listed in Part A will be used for the newly amalgamated entity.

Holding Corporation Entity Number:	Holding Corporation Entity Name:
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► **Part B: Wholly Owned Subsidiaries**

Instructions:

- If there are more than three (3) wholly owned subsidiaries, please photocopy this page before proceeding and attach to this form.
- The remaining amalgamating entities must be directly or indirectly wholly owned subsidiaries of the holding corporation listed in Part A.

Wholly Owned Subsidiary Entity

Entity Number:	Entity Name:
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Wholly Owned Subsidiary Entity

Entity Number:	Entity Name:
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Wholly Owned Subsidiary Entity

Entity Number:	Entity Name:
-----------------------	---------------------

▼ 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 NEWLY AMALGAMATED ENTITY DETAILS

A Vertical Short Form Amalgamation requires that the name and the articles of the holding corporation must be used for the newly amalgamated entity.

► **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 holding corporation listed in Section 1, Part A.

3 CONFIRMATION OF WHOLLY OWNED SUBSIDIARY STRUCTURE

A Vertical Short Form Amalgamation requires that the membership 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 1, Part A wholly owns the amalgamating entities listed in Section 1, Part B.

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

Provide the authorized number of directors as outlined in the articles of the holding corporation listed in Section 1, Part A.

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

8 RIGHT TO TRANSFER MEMBERSHIP INTEREST

Provide the rights to transfer membership as outlined in the articles of the holding corporation listed in Section 1, Part A.

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

9 RESTRICTIONS ON ACTIVITIES

Provide the restrictions on activities information as outlined in the articles of the holding corporation listed in Section 1, Part A.

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

10 OTHER PROVISIONS

Provide the other provisions information as outlined in the articles of the holding corporation listed in Section 1, Part A.

▶ **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:**

<input type="checkbox"/> Membership Corporation ▶ <i>Select only one (1) of the two options on right</i>	<input type="checkbox"/> 1.) As permitted in accordance with subsection 16-19(4) of the Act. <input type="checkbox"/> 2.) Provisions contained in attached document.
<input type="checkbox"/> Charitable Corporation ▶ <i>Select only one (1) of the three options on right</i>	<input type="checkbox"/> 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. <input type="checkbox"/> 2.) Provisions contained in attached document. <input type="checkbox"/> 3.) Predefined - <i>Select one or more of the following options:</i> <input type="checkbox"/> A charitable corporation <input type="checkbox"/> A registered charity within the meaning of the <i>Income Tax Act (Canada)</i> <input type="checkbox"/> A municipality <input type="checkbox"/> 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 NATURE OF ACTIVITY *(Be specific)*

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.*

14 STATUTORY DECLARATION

- **REQUIRED:** I confirm that the amalgamation has been approved by a resolution of the directors of each of the amalgamating corporations listed in Section 1 in accordance with section 14-11(1) 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.

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15 REGISTERED OFFICE ADDRESSES			
<p>Instructions:</p> <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)	
<p>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.</p>			
Email Address: (Optional)			
Mailing Address Name: (Optional - if different from Entity name)			

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