

Fees

Correspondence related to this submission will be sent to you using the contact information provided in the Submitter Information section of the form.

Submission Fee: \$ (go to www.isc.ca/fees for the current fee schedule)

Select one (1) delivery method for your submission notification/certificate:

- | | |
|--|--|
| <input type="checkbox"/> Online workspace (please provide an email address in the Submitter Information section)
Fax: \$5 additional fee | <input type="checkbox"/> Email: \$5 additional fee
<input type="checkbox"/> Mail: \$10 additional fee |
|--|--|

Priority Service: **\$500 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 the **Priority Service** box on each submission cover page.

Total Fees: \$
Transactions will be rejected if sufficient funds are not available at the time of processing.

Payment Methods

ISC offers the following methods of payment:

- On account - Account number: _____ Password: _____
- Cheque or money order payable to Information Services Corporation
- Credit card – see instructions below

Instructions to Register and Use an ISC Account

Credit Card payments are made through an ISC account.

- To open an account, visit ISC.ca or contact the Customer Support Team
 - To use your account:
 - Sign in to ISC Online Services.
 - Select Account Payment.
 - Enter your credit card number, the name on the card and the expiry date.
 - Under Payment \$, enter the amount to be charged to your credit card.
- ** Please note: Only the main account holder can make payments online. If you are not the main account holder, please use one of the other payment methods.

Customer Reference Number (optional)

Your Reference Number:

Visit our website or contact our Customer Support Team for more information: 1-866-275-4721 ask@isc.ca www.isc.ca

Submission Methods:

Mail: Corporate Registry
1301 – 1st Avenue, Regina, SK S4R 8H2

Fax: (306) 787-8999

Online: www.isc.ca/corporateregistry



Section 1: Entity Details

Name Type:

Reserved Name (do not complete Section 2)

Name Reservation Number: _____

Reserved Entity Name: _____

Numbered Name

Legal Ending (select one):

Ltd. Limited Inc. Incorporated Corp. Corporation

Nature of Business (be specific):

Has the entity ever been extra-provincially registered in Saskatchewan?

Yes (do not complete Section 2)

Entity Number in Saskatchewan: _____

No (complete Section 2)

Name Conditions (if applicable):

If conditions were applied in the name reservation, signed name conditions forms must be enclosed with this form.

Section 2: Entity Details in Home Jurisdiction Prior to Continuance

Entity Name in Home Jurisdiction:

Entity Number in Home Jurisdiction:

Is this entity federally incorporated in Canada?

Yes (leave the Home Jurisdiction Province/State field blank)

No

Home Jurisdiction Country:

Home Jurisdiction Province/State:

Incorporation/Amalgamation Date in Home Jurisdiction:

Section 3: Share Class Information

If you have more than ten share classes, please photocopy this page, list share class information for each additional share class, and attach to this form.

Name(s) of Share Class(es):	Maximum Number of Shares:	Voting Rights:
	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> NO

Section 4: Authorized Number of Directors

Minimum # of directors _____ Maximum # of directors _____

OR

Fixed # of directors _____

Section 5: Restrictions on Share Transfers

Select one (1):

N/A

Restrictions provided in the attached articles document

Section 6: Restrictions on Business

Select one (1):

N/A

Restrictions provided in the attached articles document

Section 7: Other Provisions

Select one (1):

N/A

Restrictions provided in the attached articles document

Section 8: Articles Document

If there is more than one share class, or if there are any restrictions on share transfers, restrictions on business or other provisions, a document containing the full articles of continuance must be enclosed.

The articles of continuance must include:

- The name of the entity.
- Share class information, including the rights, privileges, restrictions and conditions attached to each share class.
- The authorized number of directors.
- Restrictions on share transfers (if there are no restrictions, this must be stated in the articles)
- Restrictions on business (if there are no restrictions, this must be stated in the articles).
- Other provisions (if there are no other provisions, this must be stated in the articles).

Section 9: Authorization Document

Jurisdictional Continuance into Saskatchewan requires a certificate or letter of authorization issued by the current home jurisdiction.

The certificate or letter of authorization issued by the home jurisdiction is enclosed.

Authorization Expiry Date (if applicable):

Section 10: Addresses

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 R.M. names and numbers, or civic addresses.

Registered Office Physical Address <input type="checkbox"/> Check here if mail cannot be delivered to this address	Registered Office Mailing Address <input type="checkbox"/> Same as physical address
Street Address 1:	Street Address 1:
City/Town:	City/Town:
Province:	Province:
Country:	Country:
Postal Code:	
Attention to (optional):	Attention to (optional):
Email Address (optional):	Mailing Name (if different from entity name):

Section 11: Director/Officer Details

If there are more than three (3) directors or officers, please photocopy this page before proceeding and attach to this form.

At least 25% of the directors must be resident Canadians.

If none of the directors have a Saskatchewan address, a Power of Attorney form and the Consent to Act form must be submitted along with this form. A power of attorney is not permitted if there is a director with a Saskatchewan address.

The physical address cannot be a post office box. Rural locations must use legal land descriptions, including the R.M. names and numbers, or civic addresses.

Director / Officer 1

First Name:

Middle Name:

Last Name:

Role(s):

Director – Resident Canadian **Yes** **No**

Officer – Office Held: _____

Physical Address

Check here if mail cannot be delivered to this address

Mailing Address

Same as physical address

Street Address 1:

Street Address 1:

City/Town:

City/Town:

Province:

Province:

Country:

Country:

Postal Code:

Postal Code:

Email Address (optional):

Director / Officer 2		
First Name:	Middle Name:	Last Name:
Role(s): <input type="checkbox"/> Director – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Officer – Office Held: _____		
Physical Address <input type="checkbox"/> Check here if mail cannot be delivered to this address		Mailing Address <input type="checkbox"/> Same as physical address
Street Address 1:		Street Address 1:
City/Town:		City/Town:
Province:		Province:
Country:		Country:
Postal Code:		Postal Code:
Email Address (optional):		

Director / Officer 3		
First Name:	Middle Name:	Last Name:
Role(s): <input type="checkbox"/> Director – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Officer – Office Held: _____		
Physical Address <input type="checkbox"/> Check here if mail cannot be delivered to this address		Mailing Address <input type="checkbox"/> Same as physical address
Street Address 1:		Street Address 1:
City/Town:		City/Town:

Province:	Province:
Country:	Country:
Postal Code:	Postal Code:
Email Address (optional):	

Section 12: Effective Date

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

The effective date must not be later than the authorization expiry date.

Effective Date:

Section 13: Signature

I certify that I am authorized to file these documents with the Director of Corporations and that the information in this submission is true.

Submitter Signature

Date

Section 14: Submitter Information

Name:

Mailing Address:

Email:

Phone Number:

Fax Number: