

### 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](http://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) | <input type="checkbox"/> Email: <b>\$5 additional fee</b> |
| <input type="checkbox"/> Fax: <b>\$5 additional fee</b>  | <input type="checkbox"/> Mail: <b>\$10 additional fee</b> |

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](http://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 [corporateregistry@isc.ca](mailto:corporateregistry@isc.ca) [www.isc.ca](http://www.isc.ca)

#### Submission Methods:

**Mail:** Corporate Registry  
1301 – 1<sup>st</sup> Avenue, Regina, SK S4R 8H2

**Fax:** (306) 787-8999

**Online:** [www.isc.ca/corporateregistry](http://www.isc.ca/corporateregistry)

### Section 1: Name Reservation Details

A name search is not required if this is a vertical short form amalgamation or if the amalgamated entity is adopting the name of one of the amalgamating entities.

#### Amalgamation Type:

- Approved by special resolution of shareholders (long form)  
 Approved by resolution of directors (horizontal short form)

#### Amalgamating Entities

All amalgamating entities must be active Saskatchewan business corporations.

If there are more than three (3), please enclose an additional page.

Entity Number:

Entity Name:

Entity Number:

Entity Name:

Entity Number:

Entity Name:

#### Amalgamated Entity Details

Professional Corporation:  Yes  No

Designated Profession (professional corporation only):

Name Language – select one (1):

- a) English name only  
 b) French name only  
 c) English and French names (names must be direct translations)  
 d) English name with a name in a language other than French

*The Business Corporations Act*  
**Request for Name Search and Reservation  
(Amalgamation)**

|   |   |
|---|---|
| <b>Entity Name – English: (complete if a, c or d is selected)</b> | <b>Legal Ending (select one):</b><br><br><input type="checkbox"/> Limited <input type="checkbox"/> Ltd.<br><input type="checkbox"/> Incorporated <input type="checkbox"/> Inc.<br><input type="checkbox"/> Corporation <input type="checkbox"/> Corp. |
| <b>Entity Name – French: (complete if b or c is selected)</b>     | <b>Legal Ending (select one):</b><br><br><input type="checkbox"/> Limitée <input type="checkbox"/> Ltée<br><input type="checkbox"/> Incorporée <input type="checkbox"/> Inc.<br><input type="checkbox"/> Corporation <input type="checkbox"/> Corp.   |
| <b>Entity Name – Other language: (complete if d is selected)</b>  |   |
| <b>English Translation of Name: (complete if b is selected)</b>   |   |
| <b>Nature of Business: (be specific)</b>                          |   |

**Section 2: Additional Information (Optional)**

**Select one of the following:**

- Not applicable – no additional information to provide
- Able to obtain consent of third party listed in the Notes below
- Request related to an existing trademark listed in the Notes below
- Undertake to cancel business name listed in the Notes below
- Not Proceeding with existing name reservation listed the Notes below
- Other – See the Notes below

**Notes:**



*The Business Corporations Act*  
**Request for Name Search and Reservation  
(Amalgamation)**

**Section 3: Submitter Information**

**Name:**

**Mailing Address:**

**Phone Number:**

**Fax Number:**

**Email:**

**Section 4: 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