

### 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 the amalgamated entity name in the home jurisdiction is the same as the name of one of the amalgamating entities that is extra-provincially registered in Saskatchewan.

Amalgamating entities extra-provincially registered in Saskatchewan must all have the same home jurisdiction.

**Amalgamating Entities Registered in Saskatchewan**

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

**Entity Number in Saskatchewan:**

**Entity Name in Saskatchewan:**

**Entity Number in Saskatchewan:**

**Entity Name in Saskatchewan:**

**Entity Number in Saskatchewan:**

**Entity Name in Saskatchewan:**

**Amalgamated Entity Details in Home Jurisdiction**

**Amalgamated Entity Name in Home Jurisdiction:**

**Home Jurisdiction 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

**Home Jurisdiction Entity Name – English: (complete if c or d is selected)**

**Home Jurisdiction Entity Name – French: (complete if c is selected)**

**Home Jurisdiction Entity Name – Other language: (complete if d is selected)**

<b>English Translation of Home Jurisdiction Name: (complete if b is selected)</b>	
<b>Home Jurisdiction Entity Number:</b>	
<b>Is the entity federally incorporated in Canada?</b> <input type="checkbox"/> Yes (leave the Home Jurisdiction Province/State field blank) <input type="checkbox"/> No	
<b>Home Jurisdiction Country:</b>	<b>Home Jurisdiction Province/State:</b>
<b>Limited Liability Company:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Professional Corporation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Designated Profession (professional corporation only):</b>	
<b>Nature of Business: (be specific)</b>	
<b>Select Alternate Name to Reserve (in case Home Jurisdiction name is not available):</b> <input type="checkbox"/> Alternate Name <input type="checkbox"/> Alternate Numbered Name (go to Section 2)	
<b>Alternate Name Language – select one (1):</b> <input type="checkbox"/> a) English name only <input type="checkbox"/> b) French name only <input type="checkbox"/> c) English and French names (names must be direct translations) <input type="checkbox"/> d) English name with a name in a language other than English	
<b>Alternate Name – English: (complete if a, c or d is selected)</b>	
<b>Alternate Name – French: (complete if b or c is selected)</b>	
<b>Alternate Name – Other language: (complete if d is selected)</b>	

English Translation of Alternate Name: (complete if b is selected)

### 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:

### 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