

## 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 [ask@isc.ca](mailto:ask@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)



*The Business Corporations Act*  
**Change of Directors/Officers**  
**(Extra-provincial)**

**Section 1: Entity Details**

Entity Number:

Entity Name:

**Section 2: Resignation Letters (if applicable)**

You must enclose a copy of each director's letter of resignation.

**Section 3: Director/Officer Details**

If there are more than three (3) directors or officers, please photocopy the next page before proceeding, or attach an additional page.

If none of the directors have a Saskatchewan address, Power of Attorney must be submitted along with this form.

If this form is being submitted with an Application to Restore, the date director changes come into effect (as listed in the Effective Date fields) must be the same as the effective date of the Application to Restore.

The effective date for a resignation may not be earlier than the date the notice of resignation was sent to the entity.

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



*The Business Corporations Act*  
**Change of Directors/Officers  
(Extra-provincial)**

<b>Director / Officer</b>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Resign <input type="checkbox"/> Update <b>Effective Date:</b>	
<input type="checkbox"/> Director <input type="checkbox"/> Officer – Office Held: _____	
<b>First Name:</b>	<b>Middle Name:</b>
<b>Last Name:</b>	
<b>Physical Address</b> <input type="checkbox"/> Check here if mail cannot be delivered to this address	<b>Mailing Address</b> <input type="checkbox"/> Same as physical address
<b>Street Address 1:</b>	<b>Street Address 1:</b>
<b>Street Address 2:</b>	<b>Street Address 2:</b>
<b>Street Address 3:</b>	<b>Street Address 3:</b>
<b>City / Town:</b>	<b>City / Town:</b>
<b>Province:</b>	<b>Province:</b>
<b>Country:</b>	<b>Country:</b>
<b>Postal Code:</b>	<b>Postal Code:</b>
<b>Email Address (optional):</b>	



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<input type="checkbox"/> Director <input type="checkbox"/> Officer – Office Held: _____		
<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Physical Address</b> <input type="checkbox"/> Check here if mail cannot be delivered to this address		<b>Mailing Address</b> <input type="checkbox"/> Same as physical address
<b>Street Address 1:</b>		<b>Street Address 1:</b>
<b>Street Address 2:</b>		<b>Street Address 2:</b>
<b>Street Address 3:</b>		<b>Street Address 3:</b>
<b>City / Town:</b>		<b>City / Town:</b>
<b>Province:</b>		<b>Province:</b>
<b>Country:</b>		<b>Country:</b>
<b>Postal Code:</b>		<b>Postal Code:</b>
<b>Email Address (optional):</b>		



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<b>Director / Officer</b>		
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<input type="checkbox"/> Director <input type="checkbox"/> Officer – Office Held: _____		
<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Physical Address</b> <input type="checkbox"/> Check here if mail cannot be delivered to this address		<b>Mailing Address</b> <input type="checkbox"/> Same as physical address
<b>Street Address 1:</b>		<b>Street Address 1:</b>
<b>Street Address 2:</b>		<b>Street Address 2:</b>
<b>Street Address 3:</b>		<b>Street Address 3:</b>
<b>City / Town:</b>		<b>City / Town:</b>
<b>Province:</b>		<b>Province:</b>
<b>Country:</b>		<b>Country:</b>
<b>Postal Code:</b>		<b>Postal Code:</b>
<b>Email Address (optional):</b>		



*The Business Corporations Act*  
**Change of Directors/Officers**  
**(Extra-provincial)**

**Section 4: Signature**

I certify that:

- This entity is active in its home jurisdiction.
- The information in this submission is true.
- I am authorized to file these documents with the Director of Corporations.

\_\_\_\_\_  
Submitter Signature

\_\_\_\_\_  
Date

**Section 5: Submitter Information**

**Name:**

**Mailing Address:**

**Email:**

**Phone Number:**

**Fax Number:**