

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) | <input type="checkbox"/> Email: \$5 additional fee |
| <input type="checkbox"/> Fax: \$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 Name Details

Amalgamated Entity Name Type:

Predecessor Name (the amalgamated entity name in the home jurisdiction is the same as the name of an amalgamating entity that is extra-provincially registered in Saskatchewan)

Reserved Name

Name Reservation Number: _____

Reserved Entity Name: _____

Entity Name in Home Jurisdiction: _____

Numbered Name in Home Jurisdiction

Name of Amalgamated Entity in Home Jurisdiction:

Nature of Business (be specific):

Name Conditions (if applicable):

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

Section 2: Amalgamating Entities Registered in Saskatchewan

At least one of the amalgamating entities must be extra-provincially registered in Saskatchewan.

All of these entities must be extra-provincial business corporations with the same home jurisdiction.

If there are more than three (3) amalgamating entities, please photocopy this page before proceeding, or enclose an additional page.

Amalgamating Entity 1

Entity Number in Saskatchewan:

Entity Name in Saskatchewan:
Amalgamating Entity 2
Entity Number in Saskatchewan:
Entity Name in Saskatchewan:
Amalgamating Entity 3
Entity Number in Saskatchewan:
Entity Name in Saskatchewan:

Section 3: Amalgamating Entities Not Registered in Saskatchewan

All of these entities must have the same home jurisdiction.

If there are more than three (3) amalgamating entities, please photocopy this page before proceeding, or enclose an additional page.

Amalgamating Entity 1		
Entity Number in Home Jurisdiction:		
Entity Name:		
Home Jurisdiction Province/State:	Home Jurisdiction Country:	Incorporation/Amalgamation Date:
Amalgamating Entity 2		
Entity Number in Home Jurisdiction:		
Entity Name:		
Home Jurisdiction Province/State:	Home Jurisdiction Country:	Incorporation/Amalgamation Date:
Amalgamating Entity 3		

Entity Number in Home Jurisdiction:		
Entity Name:		
Home Jurisdiction Province/State:	Home Jurisdiction Country:	Incorporation/Amalgamation Date:

Section 4: Amalgamated Entity Details in Home Jurisdiction

Entity Number:	Limited Liability Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Province/State:	Country:	Amalgamation Date:

Section 5: Registered Office Details

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:
Street Address 2:	Street Address 2:
Street Address 3:	Street Address 3:
City / Town:	City / Town:
Province:	Province:
Country:	Country:
Postal Code:	Postal Code:

Attention to (optional):	Attention to (optional):
Email Address (optional):	Mailing Name (if different from entity name):

Section 6: Director/Officer Details

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

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

Physical addresses cannot be post office boxes. Rural locations must use legal land descriptions, including R.M. names and numbers, or civic address.

Director / Officer 1

First Name:	Middle Name:	Last Name:
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:	
Street Address 2:	Street Address 2:	
Street Address 3:	Street Address 3:	
City / Town:	City / Town:	
Province:	Province:	
Country:	Country:	
Postal Code:	Postal Code:	



The Business Corporations Act
Amalgamation
(Extra-Provincial)

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



The Business Corporations Act
Amalgamation
(Extra-Provincial)

Street Address 1:	Street Address 1:
Street Address 2:	Street Address 2:
Street Address 3:	Street Address 3:
City / Town:	City / Town:
Province:	Province:
Country:	Country:
Postal Code:	Postal Code:
Email Address (optional):	
Role(s): <input type="checkbox"/> Director <input type="checkbox"/> Officer – Office Held: _____	

Section 7: Amalgamation Documents from Home Jurisdiction

A copy of the amalgamation documents filed in the home jurisdiction must be enclosed.

Section 8: 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.

Effective date:

Section 9: Signature



- I acknowledge that:
- The Saskatchewan Corporate Registry should be notified of any change to the entity's status, such as amalgamation or dissolution, in its home jurisdiction.
 - If the entity is struck off in its home jurisdiction, it must be restored to the register in that jurisdiction in order to continue to do business in Saskatchewan.
- 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 10: Submitter Information

Name:

Mailing Address:

Email:

Phone Number:

Fax Number: