

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 Details

Name Type:

Reserved Name

Name Reservation Number: _____

Reserved Entity Name: _____

Numbered Name

Legal Ending (select one):

Ltd. Limited Inc. Incorporated Corp. Corporation

Nature of Business (be specific):

Predecessor Name

Nature of Business (be specific):

Name Conditions (if applicable):

If conditions were applied in the name reservation, signed consent and/or undertaking forms must be enclosed with this form.



Section 2: Amalgamation Type

The amalgamation agreement is not required, and should not be enclosed with this form.

Select one (1) amalgamation type and complete the declaration for that type:

Approved by special resolutions of shareholders (long form)

- The amalgamation agreement has been approved by special resolutions of shareholders of each of the amalgamating corporations listed in Section 3 below, in accordance with Section 177 of the Act.

Approved by resolution of directors (vertical short form)

- The amalgamation has been approved by a resolution of the directors of each of the amalgamating corporations listed in Section 3 below, in accordance with Section 178 of the Act.

Approved by resolution of directors (horizontal short form)

- The amalgamation has been approved by a resolution of the directors of each of the amalgamating corporations listed in Section 3 below, in accordance with Section 178 of the Act.

Section 3: Amalgamating Entities

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

- All of these entities must be active Saskatchewan business corporations.
- A minimum of two (2) amalgamating entities are required.

Amalgamating Entity 1

Entity Number:

Entity Name:

Amalgamating Entity 2

Entity Number:

Entity Name:

Amalgamating Entity 3



Entity Number:

Entity Name:

Section 4: Amalgamated Entity Details

Complete this section as follows, depending on the amalgamation type:

- In a long form amalgamation, the name and/or articles of any of the amalgamating entities may be used for the amalgamated entity, or the amalgamated entity may use a new name and new articles.
- In a vertical short form amalgamation, the articles and name of the amalgamating holding corporation must be used for the amalgamated entity.
- In a horizontal short form amalgamation, the articles of the amalgamating subsidiary corporation whose shares are not cancelled must be used for the amalgamated entity. The name of any of the amalgamating entities may be used, or the amalgamated entity may use a new name.

Amalgamating entity whose name will be used for the amalgamated entity:

Amalgamating entity whose articles will be used for the amalgamated entity:

I confirm that the articles of amalgamation are the same as the articles of incorporation of the entity indicated above.

Section 5: Amalgamation Date

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

Amalgamation Date:



Section 6: Share Class Information, if applicable

Complete this section only if the articles of amalgamation of the amalgamated entity are NOT the same as the articles of incorporation of an amalgamating entity as designated in Section 3 of this form.

If you have more than three share classes, please attach a separate document listing share class information for each class.

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

Section 7: Authorized Number of Directors, if applicable

Complete this section only if the articles of amalgamation of the amalgamated entity are NOT the same as the articles of incorporation of an amalgamating entity as designated in Section 3 of this form.

Minimum # of directors _____ Maximum # of directors _____

OR

Fixed # of directors _____



Section 8: Restrictions on Share Transfers

Select one (1):

- N/A
- Restrictions provided in articles document

Section 9: Restrictions on Business

Select one (1):

- N/A
- Restrictions provided in articles document

Section 10: Other Provisions

Select one (1):

- N/A
- Provisions provided in articles document

Section 11: 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 all the articles of amalgamation must be enclosed.

The articles of amalgamation 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, that must be stated in the articles).
- Restrictions on business (if there are no restrictions, that must be stated in the articles).
- Other provisions (if there are no other provisions, that must be stated in the articles).



Section 12: Statutory Declaration

- I confirm that:
- I have enclosed a statutory declaration from a director or officer of each of the amalgamating entities.
 - The statutory declarations include the information required under Section 179(2) of *The Business Corporations Act*.

Section 13: 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

Check here if mail cannot be delivered to this address

Registered Office Mailing Address

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: Saskatchewan

Province:

Country:

Country:

Postal Code:

Postal Code:

Attention to (optional):

Attention to (optional):

Email Address (optional):

Mailing Name (if different from entity name):



Section 14: Director/Officer Details

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

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

If none of the directors have a Saskatchewan address, a Power of Attorney 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 R.M. names and numbers or civic addresses.

Director / Officer 1

First Name:

Middle Name:

Last Name:

Physical Address

Check here if mail cannot be delivered to this address

Mailing Address

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):

Director – Resident Canadian Yes No

Officer – Office Held: _____



Section 15: Notice of Shareholders (Optional)

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

An initial Notice of Shareholders must be filed before the first annual return for the amalgamated entity can be completed.

Shareholder 1 **Add** **Remove** **Update**

Shareholder Name:

Street Address 1:

Street Address 2:

Street Address 3:

City / Town:

Province:

Country:

Postal Code:

Share Class(es):

Number of Shares Held:



Shareholder 2 <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update	
Shareholder Name:	
Street Address 1:	
Street Address 2:	
Street Address 3:	
City / Town:	Province:
Country:	Postal Code:
Share Class(es):	Number of Shares Held:
_____	_____
_____	_____
_____	_____

Shareholder 3 <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update	
Shareholder Name:	
Street Address 1:	
Street Address 2:	
Street Address 3:	
City / Town:	Province:
Country:	Postal Code:
Share Class(es):	Number of Shares Held:
_____	_____
_____	_____
_____	_____



Section 16: 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 17: Submitter Information (mandatory)

Name:

Mailing Address:

Email:

Phone Number:

Fax Number: