

## 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)

### 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity Number: \_\_\_\_\_

Existing Entity Name: \_\_\_\_\_

**Name Conditions (if applicable):**

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

**Section 2: Share Class Information**

If you have more than ten share classes, please photocopy this page and list share class information for each additional class.

Name(s) of Share Class(es):	Maximum Number of Shares:	Voting Rights:
<hr/>	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 3: Authorized Number of Directors

Minimum # of directors \_\_\_\_ Maximum # of directors \_\_\_\_

OR

Fixed # of directors \_\_\_\_

### Section 4: Restrictions on Share Transfers

Select one (1):

N/A

Restrictions provided in articles document

### Section 5: Restrictions on Business

Select one (1):

N/A

Restrictions provided in articles document

### Section 6: Other Provisions

Select one (1):

N/A

Provisions provided in articles document

## Section 7: Attachments

### Articles

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 the full articles of continuance must be enclosed.

The articles of continuance 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).

### Order in Council / Legislative Authority

Unless the business is continuing from *The Companies Act* to *The Business Corporations Act* or from *The Credit Union Act, 1998*, to *The Business Corporations Act*, an order in council or legislative authority document must be enclosed.

### Consent from Registrar of Credit Unions

If the business is continuing from *The Credit Union Act, 1998*, to *The Business Corporations Act*, a letter containing the consent of the Registrar of Credit Unions must be enclosed.

## Section 8: Resolution Confirmation

Select one (1) of the following options:

- I confirm that the articles of continuance have been approved by special resolution of shareholders, in accordance with Section 258(1) of *The Business Corporations Act*.
- I confirm that the articles of continuance have been approved by a resolution of the directors, in accordance with Section 258(1.1) of *The Business Corporations Act*.

## Section 9: 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.

<b>Registered Office Physical Address</b> <input type="checkbox"/> Check here if mail cannot be delivered to this address	<b>Registered Office 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> Saskatchewan	<b>Province:</b>
<b>Country:</b>	<b>Country:</b>
<b>Postal Code:</b>	<b>Postal Code:</b>
<b>Attention to (optional):</b>	<b>Attention to (optional):</b>
<b>Email Address (optional):</b>	<b>Mailing Name (if different from entity name):</b>

### Section 10: 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

<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>		
<b>Role(s):</b>		
<input type="checkbox"/> Director – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Officer – Office Held: _____		

Director / Officer 2	
<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> _____	
<b>Role(s):</b> <input type="checkbox"/> Director – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Officer – Office Held: _____	
Director / Officer 3	
<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> _____



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 – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Officer – Office Held: _____	

### Section 11: 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:



*The Business Corporations Act*  
**Continuance (Act)**

**Section 12: 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 13: Submitter Information**

**Name:**

**Mailing Address:**

**Email:**

**Phone Number:**

**Fax Number:**