

## 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

Entity Number in Saskatchewan:

Entity Name in Saskatchewan:

Entity Number in Home Jurisdiction (if applicable):

Entity Name in Home Jurisdiction (if applicable):

### Section 2: Power of Attorney Details

The power of attorney must be a resident of Saskatchewan.

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 addresses.

#### Power of Attorney 1

Add  Update  Remove  Resign

Effective Date:

Name:

Firm Name (optional):

#### 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: Saskatchewan

Province:



<b>Country:</b>	<b>Country:</b>
<b>Postal Code:</b>	<b>Postal Code:</b>
<b>Email Address (optional):</b>	
<b>Power of Attorney 2</b>	
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove <input type="checkbox"/> Resign	<b>Effective Date:</b>
<b>Name:</b>	
<b>Firm Name (optional):</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>Power of Attorney 3</b>	
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove <input type="checkbox"/> Resign	<b>Effective Date:</b>
<b>Name:</b>	
<b>Firm Name (optional):</b>	



*The Business Corporations Act*  
**Power of Attorney**

<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>	

**Section 3: Consent Letter(s) and/or Resignation Letter(s)**

You must enclose a signed consent to act as attorney for each attorney that is added.

You must enclose a copy of the letter of resignation for each attorney that resigns.

**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



**Section 5: Submitter Information**

**Name:**

**Mailing Address:**

**Email:**

**Phone Number:**

**Fax Number:**