

## 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 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)

Nature of Activity (be specific):

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Reserved Name

Name Reservation Number: \_\_\_\_\_

Reserved Entity Name:

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#### Name of Amalgamated Entity in Home Jurisdiction:

#### Name Conditions (if applicable):

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

### Section 2: Co-operative Type

Select one (1):

Co-operative

New Generation Co-operative

### **Section 3: Amalgamating Entities Registered in Saskatchewan**

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

If the amalgamated entity is a co-operative, all of these entities must be extra-provincial co-operatives with the same home jurisdiction.

If the amalgamated entity is a new generation co-operative, all of these entities must be extra-provincial new generation co-operatives 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 4: 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:**



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**Extra-provincial Amalgamation**

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

<b>Section 5: Amalgamated Entity Details in Home Jurisdiction</b>		
Entity Number:		
Is the entity federally incorporated in Canada?  <input type="checkbox"/> Yes (leave the Home Jurisdiction Province/State field blank) <input type="checkbox"/> No		
Province/State:	Country:	Amalgamation Date:
Fiscal Year End:		

**Section 6: Registered Office**

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>	<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>



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**Extra-provincial Amalgamation**

**Section 7: Director/Officer Details**

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

Physical addresses cannot be post office boxes. 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 <input type="checkbox"/> Officer – Office Held: _____		
<b>Director / Officer 2</b>		
<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>



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<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 <input type="checkbox"/> Officer – Office Held: _____			
<b>Director / Officer 3</b>			
<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>	



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<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"/> <b>Director</b> <input type="checkbox"/> <b>Officer – Office Held:</b> _____	

**Section 8: Power of Attorney Details**

A power of attorney is required for all co-operatives.

The power of attorney must be a resident of Saskatchewan.

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

<b>Power of Attorney 1</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>





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<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>	
<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>	
<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>



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<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 9: Amalgamation Documents from Home Jurisdiction**

A copy of the amalgamation documents and bylaws (if applicable) filed in the home jurisdiction must be enclosed.

#### **For New Generation Co-operatives**

- I confirm that the business of the co-operative is restricted to:
- the production, processing or marketing of agricultural products; or
  - providing services to people or entities who produce, process or market agricultural products.

### **Section 10: 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 11: Signature

- I acknowledge that:
- The Saskatchewan Corporate Registry should be notified of any change to the entity's status, such as an 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 Registrar of Co-operatives and that the information in this submission is true.

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

\_\_\_\_\_  
Date

### Section 12: Submitter Information

**Name:**

**Mailing Address:**

**Email:**

**Phone Number:**

**Fax Number:**