

## 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)



*The Co-operatives Act, 1996*  
*The New Generation Co-operatives Act*  
**Application for Registration**

**Section 1: Entity Details**

**Name Reservation Number:**

**Reserved Entity Name (Entity Name 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: Dates**

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

**Registration Date:**

**Fiscal Year End:**

**Section 3: Entity Details in Home Jurisdiction**

**Entity Number in Home Jurisdiction:**

**Is the entity federally incorporated in Canada?**

Yes (leave the Home Jurisdiction Province/State field blank)

No

**Home Jurisdiction Country:**

**Home Jurisdiction Province/State:**

**Incorporation/Amalgamation Date in Home Jurisdiction:**

#### Section 4: Purpose of Registration

Please select the appropriate option below:

- Co-operative
- New Generation Co-operative
- Superannuation Co-operative

#### Section 5: Registered Office Addresses

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:**

**Province:**

**Country:**

**Country:**

**Postal Code:**

**Postal Code:**

**Attention to (optional):**

**Attention to (optional):**

**Email Address (optional):**

**Mailing Name (if different from entity name):**



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**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.

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**

**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

Officer – Office Held: \_\_\_\_\_



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Director / Officer 2		
First Name:	Middle Name:	Last Name:
<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
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: _____		



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<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>	
<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 7: Power of Attorney Details**

A power of attorney is required for all co-operatives EXCEPT Superannuation Co-operatives, for which it is optional.

The power of attorney must be a resident of 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.

**Power of Attorney 1**

**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:**

**Province:**

**Country:**

**Country:**

**Postal Code:**

**Postal Code:**

**Email Address (optional):**



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<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>	





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<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>
<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>Section 8: Corporate History Review</b>
<p>In order for the co-operative to be eligible for extra-provincial registration in Saskatchewan, the following items must be confirmed:</p> <ul style="list-style-type: none"><li>• If this entity was formed by incorporation, the entity has never been extra-provincially registered in Saskatchewan.</li><li>• If this entity was formed by an amalgamation, the amalgamating entities were never extra-provincially registered in Saskatchewan.</li><li>• If this entity has changed home jurisdictions, the entity has never been extra-provincially registered in Saskatchewan.</li></ul> <p><input type="checkbox"/> I confirm that the necessary review of the corporate history has been conducted and that this entity is eligible to be extra-provincially registered in Saskatchewan.</p>

**Section 9: Attachments.**

**Certificate of Status**

A Certificate of Status from the home jurisdiction must be enclosed if the home jurisdiction incorporation/amalgamation date is more than six (6) months in the past.

**Documents from Home Jurisdiction:**

Copies of the incorporation or amalgamation documents, amendments and bylaws filed in the home jurisdiction must be enclosed.

**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.

**Affidavit (does not apply to Superannuation Co-operatives):**

**Co-operatives**

- I confirm that I have enclosed an affidavit of two (2) directors or officers.  
The affidavit states:
- that none of the directors is a person who would be disqualified pursuant to Section 75 from being a director of a co-operative incorporated pursuant to *The Co-operatives Act, 1996*;
  - whether or not the co-operative has been convicted of an offence involving fraud within the preceding five years, and if so, the particulars of the offence; and
  - the affidavit verifies information in and accompanying this form.

**New Generation Co-operatives**

- I confirm that I have enclosed an affidavit of two (2) directors or officers.  
The affidavit states:
- that none of the directors is a person who would be disqualified from being a director of a co-operative incorporated pursuant to *The New Generation Co-Operatives Act*; and
  - whether or not the co-operative has been convicted of an offence involving fraud within the preceding five years, and if so, the particulars of the offence; and
  - the affidavit verifies information in and accompanying this form.



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**Section 10: 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 Registrar of Co-operatives and that the information in this submission is true.

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

\_\_\_\_\_  
Date

**Section 11: Submitter Information**

**Name:**

**Mailing Address:**

**Email:**

**Phone Number:**

**Fax Number:**