

## 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 to Restore Name to the Register  
(Extra-Provincial)**

**Section 1: Entity Details**

**Entity Number in Saskatchewan:**

**Entity Name in Saskatchewan:**

**Name Type:**

Protected Name – entity was struck off less than one (1) year ago

Reserved Name

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

Reserved 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: New Fiscal Year End Date**

Complete this section if the fiscal year end date has changed.

**New Fiscal Year End:**



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**Section 3: Updated Entity Details**

If any entity details have changed, the appropriate form(s) and any applicable fees must be enclosed to update the entity at the time of the restoral.

The following forms are enclosed to update the entity:

- Notice of Change of Registered Office / Mailing Address
- Notice of Change or Directors / Officers
- Change Nature of Business
- Extra-Provincial Amendment

**Section 4: 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:**



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|  |   |
|--|---|
| <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 2</b>   |   |
| <b>Name:</b>   |   |
| <b>Firm Name (optional):</b>   |   |
| <b>Physical Address</b><br><input type="checkbox"/> Check here if mail cannot be delivered to this address | <b>Mailing Address</b><br><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>   |   |



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|  |   |
|--|---|
| <b>Physical Address</b><br><input type="checkbox"/> Check here if mail cannot be delivered to this address | <b>Mailing Address</b><br><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 5: 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:**



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**Section 6: Signature**

- I certify that:
- This entity is active in its home jurisdiction.
  - The information in this submission is true.
  - I am authorized to file these documents with the Registrar of Co-operatives.

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

\_\_\_\_\_  
Date

**Section 7: Submitter Information**

Name:

Mailing Address:

Email:

Phone Number:

Fax Number: