

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 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: \$5 additional fee |
| <input type="checkbox"/> Fax: \$5 additional fee | <input type="checkbox"/> Mail: \$10 additional fee |

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 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 www.isc.ca

Submission Methods:

Mail: Corporate Registry
1301 – 1st Avenue, Regina, SK S4R 8H2

Fax: (306) 787-8999

Online: www.isc.ca/corporateregistry



The Co-operatives Act, 1996
The New Generation Co-operatives Act
Change of Directors/Officers

Section 1: Entity Details

Entity Number:

Entity Name:

Section 2: Director/Officer Details

If there are more than five (5) directors or officers, please photocopy a director information page before proceeding, or attach an additional page.

The co-operative must have a president and a secretary as officers.

A majority of the directors must be resident Canadians.

If none of the directors have Saskatchewan addresses, 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.

If this form is being submitted with an Application to Restore, the date director changes come into effect (as listed in the Effective Date fields) must be the same as the effective date of the Application to Restore.

The effective date for a resignation may not be earlier than the date the notice of resignation was sent to the entity.

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



The Co-operatives Act, 1996
The New Generation Co-operatives Act
Change of Directors/Officers

Director / Officer 1		
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Resign <input type="checkbox"/> Update	Effective Date:	
First Name:	Middle Name:	Last Name:
Physical Address <input type="checkbox"/> Check here if mail cannot be delivered to this address		Mailing Address <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 – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Officer – Office Held: _____		



The Co-operatives Act, 1996
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Change of Directors/Officers

Director / Officer 2		
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Resign <input type="checkbox"/> Update		Effective Date:
First Name:	Middle Name:	Last Name:
Physical Address <input type="checkbox"/> Check here if mail cannot be delivered to this address		Mailing Address <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 – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Officer – Office Held: _____		



The Co-operatives Act, 1996
The New Generation Co-operatives Act
Change of Directors/Officers

Director / Officer 3		
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Resign <input type="checkbox"/> Update		Effective Date:
First Name:	Middle Name:	Last Name:
Physical Address <input type="checkbox"/> Check here if mail cannot be delivered to this address		Mailing Address <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 – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Officer – Office Held: _____		



The Co-operatives Act, 1996
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Change of Directors/Officers

Director / Officer 4		
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Resign <input type="checkbox"/> Update	Effective Date:	
First Name:	Middle Name:	Last Name:
Physical Address <input type="checkbox"/> Check here if mail cannot be delivered to this address	Mailing Address <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 – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Officer – Office Held: _____		



The Co-operatives Act, 1996
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Change of Directors/Officers

Director / Officer 5		
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Resign <input type="checkbox"/> Update		Effective Date:
First Name:	Middle Name:	Last Name:
Physical Address <input type="checkbox"/> Check here if mail cannot be delivered to this address		Mailing Address <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 – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Officer – Office Held: _____		

Section 3: Resignation Letters (if applicable)
A copy of each director's letter of resignation must be enclosed.



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Change of Directors/Officers

Section 4: Signature

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 5: Submitter Information

Name:

Mailing Address:

Email:

Phone number:

Fax number: