

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



Section 1: Entity Details
Entity Number in Saskatchewan:
Entity Name:
Entity Number in Home Jurisdiction (if applicable):

Section 2: Power of Attorney Details	
<p>The power of attorney must be a resident of Saskatchewan.</p> <p>The effective date for a resignation may not be earlier than the date the notice of resignation was sent to the entity.</p> <p>Physical addresses cannot be a post office boxes. Rural locations must use legal land descriptions, including R.M. names and numbers, or civic addresses.</p>	
Power of Attorney 1	
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove <input type="checkbox"/> Resign	Effective Date:
Name:	
Firm Name (optional):	
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:



The Co-operatives Act, 1996
The New Generation Co-operatives Act
Power of Attorney

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



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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):	

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

A signed consent to act as attorney must be enclosed for each attorney that is added.

A copy of the letter of resignation must be enclosed for each attorney that resigns.



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Power of Attorney

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: