

## 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 [corporateregistry@isc.ca](mailto:corporateregistry@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*  
**Request for Name Search and Reservation  
(Act Continuance)**

<b>Section 1: Name Reservation Details</b>	
If you do not have an entity number, contact the Corporate Registry.	
<b>Entity Number:</b>	
<b>Entity Name:</b>	
Is the entity a new generation co-operative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If 'No' was selected above, one (1) of the following must be selected:</b>	
<input type="checkbox"/> Consumers' Cooperative	<input type="checkbox"/> Community Service Cooperative
<input type="checkbox"/> Housing Cooperative	<input type="checkbox"/> Employment Cooperative
<input type="checkbox"/> Community Clinic	<input type="checkbox"/> Other
<b>Continue with existing name:</b>	
<input type="checkbox"/> Yes (go to Section 2) <input type="checkbox"/> No (complete Section 1.1)	
<b>Section 1.1: New Name Details</b>	
<b>New Name Language – select one (1):</b>	
<input type="checkbox"/> a) English name only	
<input type="checkbox"/> b) French name only	
<input type="checkbox"/> c) English and French names (names must be direct translations)	
<input type="checkbox"/> d) English name with other language name	
<b>New Entity Name – English (complete if a, c, or d is selected):</b>	<b>Legal Ending (select one):</b>
	<input type="checkbox"/> Limited <input type="checkbox"/> Ltd.
<b>New Entity Name – French (complete if b or c is selected):</b>	<b>Legal Ending (select one):</b>
	<input type="checkbox"/> Limitée <input type="checkbox"/> Ltée
<b>New Entity Name – Other Language (complete if d is selected):</b>	
<b>English Translation of New Name (complete if b is selected):</b>	

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**Nature of Business (be specific):**

**Section 2: Additional Information (Optional)**

**Select one of the following:**

- Not applicable – no additional information to provide
- Able to obtain consent of third party listed in the Notes below
- Request related to an existing trademark listed in the Notes below
- Undertake to cancel business name listed in the Notes below
- Not Proceeding with existing name reservation listed the Notes below
- Other – See the Notes below

**Notes:**



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*The New Generation Co-operatives Act*  
**Request for Name Search and Reservation**  
**(Act Continuance)**

<b>Section 3: Submitter Information</b>	
Name:	
Mailing Address:	
Phone Number:	Fax Number:
Email:	

<b>Section 4: Signature</b>	
<input type="checkbox"/> I certify that I am authorized to file these documents with the Director of Corporations and that the information in this submission is true.	
_____	_____
Submitter Signature	Date