

## 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  
(Amalgamation)**

<b>Section 1: Name Reservation Details</b>
<p><b>Are you forming a new generation co-operative?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>If 'No' was selected above, one (1) of the following must be selected:</b></p> <p style="margin-left: 40px;"> <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 </p>
<p><b>Amalgamating Entities</b></p> <p>If a co-operative is being formed under <i>The Co-operatives Act, 1996</i>:</p> <ul style="list-style-type: none"> <li>• All of these entities must be active Saskatchewan co-operatives, new generation co-operatives, non-profit corporations or business corporations. <ul style="list-style-type: none"> <li>○ A business corporation may only amalgamate into a co-operative if the business corporation is a subsidiary of the co-operative with which it is amalgamating.</li> </ul> </li> </ul> <p>If a new generation co-operative is being formed under <i>The New Generation Co-operatives Act</i>:</p> <ul style="list-style-type: none"> <li>• All of these entities must be active Saskatchewan co-operatives, new generation co-operatives, non-profit corporations or business corporations.</li> </ul> <p>If there are more than three (3) amalgamating entities, please enclose an additional page.</p>
<p><b>Entity Number:</b></p>
<p><b>Entity Name:</b></p>
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<p><b>Entity Name:</b></p>
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<p><b>Entity Name:</b></p>

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<b>Amalgamated Entity Details</b>	
<b>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>Entity Name – English (mandatory if a, c or d is selected):</b>	<b>Legal Ending (select one):</b>  <input type="checkbox"/> Limited <input type="checkbox"/> Ltd.
<b>Entity Name – French (mandatory if b or c is selected):</b>	<b>Legal Ending (select one):</b>  <input type="checkbox"/> Limitée <input type="checkbox"/> Ltée
<b>Entity Name – Other Language (mandatory if d is selected):</b>	
<b>English Translation of Name (mandatory if b is selected):</b>	
<b>Nature of Business (be specific):</b>	

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**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:**

**Section 3: Submitter Information**

**Name:**

**Mailing Address:**

**Phone Number:**

**Fax Number:**

**Email:**

**Section 4: Signature**

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