

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)
Fax: \$5 additional fee | <input type="checkbox"/> Email: \$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 corporateregistry@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
**Request for Name Search and Reservation
(Jurisdictional Continuance)**

Section 1: Name Reservation Details	
Has the entity ever been registered as an extra-provincial entity in Saskatchewan? <input type="checkbox"/> Yes (complete Section 1.1) <input type="checkbox"/> No (complete Section 1.2)	
Home Jurisdiction Country:	Home Jurisdiction Province/State:
Section 1.1: Previously Registered in Saskatchewan	
Entity Number in Saskatchewan:	
Entity Name in Saskatchewan:	
Continue with existing Saskatchewan name: <input type="checkbox"/> Yes (go to Section 2) <input type="checkbox"/> No (complete Section 1.2)	
Section 1.2: New Name Details	
New Name Language – select one (1): <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	
New Entity Name – English (complete if a, c or d is selected): _____	Legal Ending (select one): <input type="checkbox"/> Limited <input type="checkbox"/> Ltd.
New Entity Name – French (complete if b or c is selected): _____	Legal Ending (select one): <input type="checkbox"/> Limitée <input type="checkbox"/> Ltée
New Entity Name – Other Language (complete if d is selected): _____	
English Translation of New Name (complete if b is selected): _____	

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Is the entity a new generation co-operative? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If 'No' was selected above, one (1) of the following must be selected: <table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> Consumers' Cooperative</td> <td style="padding: 5px;"><input type="checkbox"/> Community Service Cooperative</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Housing Cooperative</td> <td style="padding: 5px;"><input type="checkbox"/> Employment Cooperative</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Community Clinic</td> <td style="padding: 5px;"><input type="checkbox"/> Other</td> </tr> </table>	<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
<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					
Nature of Business (be specific):						

Section 2: Additional Information (Optional)
Select one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Not applicable – no additional information to provide <input type="checkbox"/> Able to obtain consent of third party listed in the Notes below <input type="checkbox"/> Request related to an existing trademark listed in the Notes below <input type="checkbox"/> Undertake to cancel business name listed in the Notes below <input type="checkbox"/> Not Proceeding with existing name reservation listed the Notes below <input type="checkbox"/> Other – See the Notes below
Notes:



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Section 3: Submitter Information	
Name:	
Mailing Address:	
Phone Number:	Fax Number:
Email:	
Section 4: Signature	
<input type="checkbox"/> 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