

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:

Entity Name:

Name Type:

Protected Name – entity was struck off less than one (1) year ago

Reserved Name

Name Reservation Number: _____

Reserved Entity Name:

Name Conditions (if applicable):

If conditions were applied in the name reservation, signed name conditions forms must be enclosed with this form.

Section 2: New Fiscal Year End Date

Complete this section if the fiscal year end date has changed.

New Fiscal Year End:

Section 3: Number of Members

Current Number of Members:

Section 4: Updated Entity Details

If any entity details have changed, the appropriate form(s) and any applicable fees must be enclosed along with this form to update the entity at the time of the restoral.



The Co-operatives Act, 1996
The New Generation Co-operatives Act
Application to Restore Name to the Register

The following forms are enclosed to update the entity:

- Notice of Change of Registered Office / Mailing Address
- Notice of Change or Directors / Officers
- Power of Attorney
- Liquidator / Receiver-Manager
- Nature of Business
- Amendment

Section 5: Financial Statement(s)

If the co-operative is a community service co-operative, housing co-operative, community clinic or new generation co-operative, complete a separate copy of the Financial Statement form for each fiscal year since the last financial statement was filed with the Corporate Registry. Include the appropriate attachments, as indicated on the form, and enclose them with this form.

Section 6: Effective Date

Unless a future date is specified below, the date the properly completed forms and required fees are received will be considered the effective date.

Effective Date:

Section 7: 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



Application to Restore Name to the Register

Section 8: Submitter Information

Name:

Mailing Address:

Email:

Phone Number:

Fax Number: