

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

Name Type:

Reserved Name

Name Reservation Number: _____

Reserved Entity Name: _____

Predecessor Name

Name of Amalgamating Entity to be used for the Amalgamated Entity:

Nature of Business (be specific):

Name Conditions (if applicable):

If conditions were applied in the name reservation, signed consent and/or undertaking forms must be enclosed with this form.

Section 2: Amalgamating Entities

If there are more than three (3) amalgamating entities please photocopy this page before proceeding or enclose an additional page.

All of these entities must be active Saskatchewan co-operatives, new generation co-operatives, non-profit corporations or business corporations.

- 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.

A minimum of two (2) amalgamating entities are required.

Amalgamating Entity 1

Entity Number:

Entity Name:

Amalgamating Entity 2

Entity Number:

Entity Name:

Amalgamating Entity 3

Entity Number:

Entity Name:

Section 3: Amalgamation Agreement Declaration

The amalgamation agreement is not required and should not be enclosed with this form.

I confirm that:

- The amalgamation agreement has been approved by special resolution of members and/or shareholders of each of the amalgamating co-operatives listed in Section 2 above, in accordance with section 153 of *The Co-operatives Act, 1996*.
- The amalgamation agreement has been approved by the members and/or shareholders of each of the amalgamating corporations listed in Section 2 above, in accordance with the requirements of *The Co-operatives Act, 1996*.

Section 4: Dates

The fiscal year end may be up to 14 months in the future. If the fiscal year end is within two months after the incorporation date, the fiscal year end for the following year should be provided.

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

Fiscal Year End Date:

Amalgamation Date:

Section 5: Share Capital

Does the co-operative have share capital?

Yes, the entity has share capital.

- Complete Section 5.1 before proceeding to Section 6

No, the entity does not have share capital. The interest of each member is the same as every other member.

- Proceed to Section 6

Section 5.1 Share Class Information

If you have more than three (3) share classes, please attach a separate document listing share class information for each class.

Name(s) of Share Class(es):	Maximum Number of Shares:	Share Class Type:	Par Value of Shares:
_____	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	_____
_____	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	_____

_____	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	_____
-------	--	---	-------

Section 6: Authorized Number of Directors (Articles)

If there are fewer than five (5) directors, a document describing the exceptional circumstances under which fewer than five (5) directors should be permitted must be enclosed.

If the number or range of directors is specified in the bylaws, the number of directors specified must fall within the number or range found in the articles.

Minimum # of directors _____ Maximum # of directors _____

OR

Fixed # of directors _____

Section 7: Objects

Select one (1):

Objects provided in articles document

Section 8: Restrictions on Business

Select one (1):

N/A

Restrictions provided in articles document

Section 9: Other Provisions

Select one (1):

- N/A
- Provisions provided in articles document

Section 10: Articles Attachment

A document containing the complete articles of amalgamation must be enclosed.

The articles of amalgamation must include:

- The name of the entity.
- For co-operatives with no share capital, a statement that the interest of each member is the same as that of every other member.
- For co-operatives with share capital, share class information, including the par value, rights, privileges, restrictions and conditions attached to each share class.
- The authorized number of directors.
- Objects.
- Restrictions on business (if there are no restrictions, that must be stated in the articles).
- Other provisions (if there are no other provisions, that must be stated in the articles).

Section 11: Authorized Number of Directors (Bylaws)

If the number of directors is specified in the bylaws, the number of directors specified must fall within the number or range found in the articles.

Do the bylaws include a provision that states the current authorized number of directors?

- Yes
- No (go to Section 12)

Minimum # of directors ____ Maximum # of directors ____

OR

Fixed # of directors ____

Section 12: Bylaws

Bylaws must be signed by the president and secretary of the co-operative to be considered certified.

A copy of the bylaws must be enclosed.

The bylaws were approved by the members of the amalgamating entities.

Section 13: Addresses

The physical address of the registered office must be in Saskatchewan.

The physical address cannot be a post office box. Rural locations must use legal land descriptions, including R.M. names and numbers, or civic addresses.

Registered Office Physical Address <input type="checkbox"/> Check here if mail cannot be delivered to this address	Registered Office 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: Saskatchewan	Province:
Country:	Country:
Postal Code:	Postal Code:
Attention to (optional):	Attention to (optional):
Email Address (optional):	Mailing Name (if different from entity name):

Section 14: Director / Officer Details

If there are more than five (5) directors or officers, please photocopy this page before proceeding, or attach an additional page.

A majority of the directors must be resident Canadians.

If none of the directors have Saskatchewan addresses, a Power of Attorney form must be submitted along with this form. A power of attorney is not permitted if there is a director with a Saskatchewan address.

Physical addresses cannot be post office boxes. Rural locations must use legal land descriptions, including R.M. names and numbers, or civic addresses.

Director / Officer 1

First Name:		Middle Name:		Last Name:	
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):					

Role(s):		
<input type="checkbox"/> Director – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Officer – Office Held: _____		
Director / Officer 2		
First Name:	Middle Name:	Last Name:
Physical Address		Mailing Address
<input type="checkbox"/> Check here if mail cannot be delivered to this 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):		
Role(s):		
<input type="checkbox"/> Director – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Officer – Office Held: _____		
Director / Officer 3		
First Name:	Middle Name:	Last Name:

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):			
Role(s):			
<input type="checkbox"/> Director – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Officer – Office Held: _____			
Director / Officer 4			
First Name:		Middle Name:	
Last Name:			
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:	



The Co-operatives Act, 1996
Amalgamation

City / Town:		City / Town:	
Province:		Province:	
Country:		Country:	
Postal Code:		Postal Code:	
Email Address (optional):			
Role(s):			
<input type="checkbox"/> Director – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Officer – Office Held: _____			
Director / Officer 5			
First Name:		Middle Name:	
Last Name:			
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):			

Role(s):

Director – Resident Canadian Yes No

Officer – Office Held: _____

Section 15: Statutory Declarations

I confirm that:

- I have enclosed a statutory declaration from a director or officer of each of the amalgamating entities.
- The statutory declarations include the information required under Section 154(2) of *The Co-operatives Act, 1996*.

Section 16: 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 17: Submitter Information

Name:

Mailing Address:

Email:

Phone Number:

Fax Number:

