

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



Notice of Change of Registered Office / Mailing Address

| |
|----------------------------------|
| Section 1: Entity Details |
| Entity Number: |
| Entity Name: |

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| Section 2: Type of Notice |
| <input type="checkbox"/> Change of Registered Office <input type="checkbox"/> Resignation of Registered Office (Complete Sections 4, 5 and 6 only, and enclose a copy of the resignation letter.) |

| | |
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| Section 3: Addresses | |
| <p>If the entity's home jurisdiction is Saskatchewan, the physical address of the registered office must be in Saskatchewan.</p> <p>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.</p> | |
| 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: | Province: |
| Country: | Country: |
| Postal Code: | Postal Code: |
| Attention to (optional): | Attention to (optional): |



Notice of Change of Registered Office / Mailing Address

| | |
|---|--|
| Email Address (optional): | Mailing Name (if different from entity name): |
| <input type="checkbox"/> Check here to receive your annual return by email. | |

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| Section 4: Dates |
| If the notice type is Notice of Resignation of Registered Office, the effective date must be 30 days after the notice of resignation date. |
| Notice of Resignation Date (if applicable): |
| Effective Date: |

| | |
|--|------|
| Section 5: 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 |

| | |
|---|----------------------|
| Section 6: Submitter Information | |
| Name: | |
| Mailing Address: | |
| Email: | Phone number: |
| Fax number: | |