

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: _____

Numbered Name

Legal Ending (select one):

Inc. Incorporated Corp. Corporation

Nature of Activity (be specific):

Name Conditions (if applicable):

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

Section 2: Dates

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

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

Fiscal Year End:

Incorporation Date:

Section 3: Membership Class Information

List the names (e.g. regular, associate, honorary, etc.) and voting rights for each membership class.

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

Name(s) of Membership Class(es):	Voting Rights:
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: Corporation Type

Select one (1):

- Membership Charitable

Section 5: Authorized Number of Directors

A membership corporation requires at least one (1) director.

A charitable corporation requires at least three (3) directors.

Minimum # of directors _____ Maximum # of directors _____

OR

Fixed # of directors _____

Section 6: Right to Transfer Membership Interest

Select one (1):

- N/A
- Rights provided in articles document

Section 7: Restrictions on Activities

Select one (1):

- N/A
- Restrictions provided in articles document

Section 8: Other Provisions

Select one (1):

- N/A
- Provisions provided in articles document

Section 9: Dissolution Provisions

Complete the appropriate field depending on the corporation type.

Membership Corporation:

- As permitted in accordance with Subsection 209(4) of the Act.
- Provisions contained in attached document

Charitable Corporation:

None

Note: If **None** is selected and a distribution scheme is not provided for in these articles or any subsequent amendments, a court order pursuant to Subsection 209(7) of *The Non-Profit Corporations Act, 1995* will be required at the time of dissolution.

Provisions contained in attached document

One or more of the following options, as indicated:

A charitable corporation

A registered charity within the meaning of *the Income Tax Act (Canada)*

A municipality

The Government of Canada, a government of any province, or an agency of any of those governments

Section 10: Articles Attachment

If there is more than one membership class, or if there are any rights to transfer membership interest, restrictions on activities, dissolution provisions or other provisions, a document containing the complete articles of incorporation must be enclosed.

The articles of incorporation must include:

- The name of the entity.
- The corporation type (membership or charitable).
- Membership class information, including the rights, privileges, restrictions and conditions attached to each membership class.
- The authorized number of directors.
- The right to transfer membership interest (if there is no right, that must be stated in the articles).
- Restrictions on activities (if there are no restrictions, that must be stated in the articles).
- Dissolution provisions (if there are no provisions, that must be stated in the articles).
- Other provisions (if there are no other provisions, that must be stated in the articles).

Section 11: 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 12: Director/Officer Details

If there are more than three (3) directors or officers, please photocopy this page before proceeding, or attach an additional page.

At least 25 per cent of the directors must be resident Canadians.

At least one (1) of the directors must reside in Saskatchewan.

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 <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 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: _____	

Section 13: Incorporator Information	
<input type="checkbox"/> Person Name: _____	
<input type="checkbox"/> Body Corporate Entity Number (if registered in Saskatchewan): _____ Entity Name: _____	
Address Line 1:	
Address Line 2:	
Address Line 3:	
City/Town:	Province:



Country:	Postal Code:
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Section 14: Signature

You must select one (1) of the following options:

- I am the incorporator and I certify that the information contained herein is true.
- I certify that I am authorized by the incorporator to file these documents with the Director of Corporations and that the information contained herein is true.

_____	_____
Submitter Signature	Date

Section 15: Submitter Information

Name:	
Mailing Address:	
Email:	Phone Number:
Fax Number:	