

## 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](http://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: <b>\$5 additional fee</b> |
| <input type="checkbox"/> Fax: <b>\$5 additional fee</b>  | <input type="checkbox"/> Mail: <b>\$10 additional fee</b> |

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](http://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](mailto:ask@isc.ca) [www.isc.ca](http://www.isc.ca)

### Submission Methods:

**Mail:** Corporate Registry  
1301 – 1<sup>st</sup> Avenue, Regina, SK S4R 8H2

**Fax:** (306) 787-8999

**Online:** [www.isc.ca/corporateregistry](http://www.isc.ca/corporateregistry)



*The Non-Profit Corporations Act, 1995*  
**Notice of Change of Registered Office /  
 Mailing Address**

<b>Section 1: Entity Details</b>
Entity Number:
Entity Name:

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

<b>Section 3: Addresses</b>	
<p>If the entity's home jurisdiction is Saskatchewan, the physical address of the registered office must also 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>	
<b>Registered Office Physical Address</b> <input type="checkbox"/> Check here if mail cannot be delivered to this address	<b>Registered Office Mailing Address</b> <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):



*The Non-Profit Corporations Act, 1995*  
**Notice of Change of Registered Office /  
Mailing Address**

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

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

<b>Section 5: Signature</b>	
<input type="checkbox"/> I certify that I am authorized to file these documents with the Director of Corporations and that the information in this submission is true.	
_____	
Submitter Signature	Date

<b>Section 6: Submitter Information</b>	
<b>Name:</b>  	
<b>Mailing Address:</b>  	
<b>Email:</b>  	<b>Phone number:</b>  
<b>Fax number:</b>  	