

Section 1: Entity Details

Saskatchewan Entity Number:

Saskatchewan Entity Name:

Section 2: Name Change Details

Complete this section if the entity name has changed.

Name Type:

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.

Registered Office Mailing Name (if different from new entity name):

Section 3: New Home Jurisdiction Details

Complete this section if the home jurisdiction has changed to another jurisdiction within the NWPTA.

Home Jurisdiction: British Columbia
 Alberta
 Manitoba

Home Jurisdiction Entity Number:

Section 4: Change Registered Office Addresses

Complete this section only if the entity's address has changed.

Physical addresses cannot be post office boxes. Rural locations must use legal land description, including R.M. name and number or civic address.

Registered Office Physical Address	Registered Office Mailing Address
<input type="checkbox"/> Check here if mail cannot be delivered to this address	<input type="checkbox"/> Same as primary business 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):
Email Address (optional):	Mailing Name (if different from entity name):

Section 5: Change Power of Attorney Details

Complete this section only if the entity's power of attorney has changed.

The power of attorney must be a resident of Saskatchewan.

The effective date for a resignation may not be earlier than the date the notice of resignation was sent to the entity.

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

Power of Attorney 1

Add Update Remove Resign

Effective Date:

Name:

Firm Name (optional):

Physical Address

Check here if mail cannot be delivered to this address

Mailing Address

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: Canada

Country:

Postal Code:

Postal Code:

Email Address (optional):



The Co-operatives Act, 1996
The New Generation Co-operatives Act
Amendment (NWP Extra-provincial)

Power of Attorney 2	
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove <input type="checkbox"/> Resign	Effective Date:
Name:	
Firm Name (optional):	
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: Saskatchewan	Province:
Country: Canada	Country:
Postal Code:	Postal Code:
Email Address (optional):	
Power of Attorney 3	
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove <input type="checkbox"/> Resign	Effective Date:
Name:	
Firm Name (optional):	
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: Saskatchewan	Province:
Country: Canada	Country:
Postal Code:	Postal Code:
Email Address (optional):	

Section 6: Amended Articles from Home Jurisdiction

A copy of the amended articles from the home jurisdiction must be enclosed.

Effective date of amendment in home jurisdiction:

Section 7: Signature

- I certify that:
- This entity is active in its home jurisdiction.
 - The information in this submission is true.
 - I am authorized to file these documents with the Registrar of Co-operatives.

Submitter Signature

Date



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Section 8: Submitter Information	
Name:	
Mailing Address:	
Email:	Phone Number:
Fax Number:	