

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):

Ltd. Limited Inc. Incorporated Corp. Corporation

Nature of Business (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: Incorporation Date

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

Incorporation Date:



Section 3: Share Class Information

If you have more than ten share classes, please photocopy this page and list share class information for each additional class.

Name(s) of Share Class(es):	Maximum Number of Shares:	Voting Rights:
_____	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> _____ or <input type="checkbox"/> Unlimited	<input type="checkbox"/> Yes <input type="checkbox"/> No



Section 4: Authorized Number of Directors

Minimum # of directors ____ Maximum # of directors ____

OR

Fixed # of directors ____

Section 5: Restrictions on Share Transfers

Select one (1):

N/A

Restrictions provided in articles document

Section 6: Restrictions on Business

Select one (1):

N/A

Restrictions provided in articles document

Section 7: Other Provisions

Select one (1):

N/A

Provisions provided in articles document

Section 8: Articles Document

If there is more than one share class or if there are any restrictions on share transfers, restrictions on business or other provisions, a document containing the full articles of incorporation must be enclosed.

The articles of incorporation must include:

- The name of the entity.
- Share class information, including the rights, privileges, restrictions and conditions attached to each share class.
- The authorized number of directors.
- Restrictions on share transfers (if there are no restrictions, that must be stated in the articles).
- 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 9: 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 10: 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% of the directors must be resident Canadians.

If none of the directors have a Saskatchewan address, 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.

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.

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 11: 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:

Section 12: Signature

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

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

_____	_____
Submitter Signature	Date



Section 13: Submitter Information

Name:

Mailing Address:

Email:

Phone Number:

Fax Number: