

## 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 checked="" 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)

### Section 1: Entity Details

**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.

### Section 2: Dates

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

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 Date:**

**Incorporation Date:**

### Section 3: Share Capital

**Does the co-operative have share capital?**

Yes, the entity has share capital.

- Complete Section 3.1 before proceeding to Section 4

No, the entity does not have share capital. The interest of each member is the same as every other member.

- Proceed to Section 4

#### Section 3.1 Share Class Information

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

| Name(s) of Share Class(es): | Maximum Number of Shares:  | Share Class Type:   | Par Value of Shares: |
|-----------------------------|--|---|----------------------|
| _____                       | <input type="checkbox"/> _____<br>or<br><input type="checkbox"/> Unlimited | <input type="checkbox"/> Common<br><input type="checkbox"/> Preferred | _____                |
| _____                       | <input type="checkbox"/> _____<br>or<br><input type="checkbox"/> Unlimited | <input type="checkbox"/> Common<br><input type="checkbox"/> Preferred | _____                |
| _____                       | <input type="checkbox"/> _____<br>or<br><input type="checkbox"/> Unlimited | <input type="checkbox"/> Common<br><input type="checkbox"/> Preferred | _____                |

#### **Section 4: Authorized Number of Directors (Articles)**

If there are fewer than five (5) directors, a document describing the exceptional circumstances under which fewer than five (5) directors should be permitted must be enclosed.

If the number or range of directors is specified in the bylaws, the number of directors specified must fall within the number or range found in the articles.

Minimum # of directors \_\_\_\_\_ Maximum # of directors \_\_\_\_\_

**OR**

Fixed # of directors \_\_\_\_\_

#### **Section 5: Objects**

Objects 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 Attachment**

A document containing the complete articles of incorporation must be enclosed.

The articles of incorporation must include:

- The name of the entity.
- For co-operatives with no share capital, a statement that the interest of each member is the same as that of every other member
- For co-operatives with share capital, share class information, including the par value, rights, privileges, restrictions and conditions attached to each share class.
- The authorized number of directors.
- Objects.
- 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: Authorized Number of Directors (Bylaws)

If the number of directors is specified in the bylaws, the number of directors specified must fall within the number or range found in the articles.

**Do the bylaws include a provision that states the current authorized number of directors?**

Yes

No (go to Section 10)

**Minimum # of directors** \_\_\_\_ **Maximum # of directors** \_\_\_\_

**OR**

**Fixed # of directors** \_\_\_\_

### Section 10: Bylaws

Bylaws must be signed by the president and secretary of the co-operative to be considered certified.

A copy of the bylaws must be enclosed.

I confirm that the bylaws were approved by the incorporators of the co-operative.

### 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.

| <b>Registered Office Physical Address</b>                                       | <b>Registered Office Mailing Address</b>          |
|---|---|
| <input type="checkbox"/> Check here if mail cannot be delivered to this address | <input type="checkbox"/> Same as physical address |
| <b>Street Address 1:</b>  | <b>Street Address 1:</b>                          |
| <b>Street Address 2:</b>  | <b>Street Address 2:</b>                          |

|                                  |  |
|----------------------------------|--|
| <b>Street Address 3:</b>         | <b>Street Address 3:</b>                             |
| <b>City / Town:</b>              | <b>City / Town:</b>                                  |
| <b>Province:</b> Saskatchewan    | <b>Province:</b>                                     |
| <b>Country:</b>                  | <b>Country:</b>                                      |
| <b>Postal Code:</b>              | <b>Postal Code:</b>                                  |
| <b>Attention to (optional):</b>  | <b>Attention to (optional):</b>                      |
| <b>Email Address (optional):</b> | <b>Mailing Name (if different from entity name):</b> |

## Section 12: Director / Officer Details

If there are more than five (5) directors or officers, please photocopy this page before proceeding, or attach an additional page.

A majority of the directors must be resident Canadians.

If none of the directors have Saskatchewan addresses, 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.

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   |                          |   |
|--|--------------------------|---|
| <b>First Name:</b>   | <b>Middle Name:</b>      | <b>Last Name:</b>   |
| <b>Physical Address</b><br><input type="checkbox"/> Check here if mail cannot be delivered to this address |                          | <b>Mailing Address</b><br><input type="checkbox"/> Same as physical address |
| <b>Street Address 1:</b>   | <b>Street Address 1:</b> |   |

|   |  |   |  |
|---|--|---|--|
| <b>Street Address 2:</b>  |  | <b>Street Address 2:</b>  |  |
| <b>Street Address 3:</b>  |  | <b>Street Address 3:</b>  |  |
| <b>City / Town:</b>   |  | <b>City / Town:</b>   |  |
| <b>Province:</b>  |  | <b>Province:</b>  |  |
| <b>Country:</b>   |  | <b>Country:</b>   |  |
| <b>Postal Code:</b>   |  | <b>Postal Code:</b>   |  |
| <b>Email Address (optional):</b>  |  |   |  |
| <b>Role(s):</b>   |  |   |  |
| <input type="checkbox"/> <b>Director – Resident Canadian</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |  |   |  |
| <input type="checkbox"/> <b>Officer – Office Held:</b> _____  |  |   |  |
| <b>Director / Officer 2</b>   |  |   |  |
| <b>First Name:</b>  |  | <b>Middle Name:</b>   |  |
|   |  |   |  |
| <b>Last Name:</b>   |  |   |  |
|   |  |   |  |
| <b>Physical Address</b><br><input type="checkbox"/> Check here if mail cannot be delivered to this address                          |  | <b>Mailing Address</b><br><input type="checkbox"/> Same as physical address |  |
| <b>Street Address 1:</b>  |  | <b>Street Address 1:</b>  |  |
|   |  |   |  |
| <b>Street Address 2:</b>  |  | <b>Street Address 2:</b>  |  |
|   |  |   |  |
| <b>Street Address 3:</b>  |  | <b>Street Address 3:</b>  |  |
|   |  |   |  |
| <b>City / Town:</b>   |  | <b>City / Town:</b>   |  |
|   |  |   |  |
| <b>Province:</b>  |  | <b>Province:</b>  |  |
|   |  |   |  |
| <b>Country:</b>   |  | <b>Country:</b>   |  |
|   |  |   |  |



|  |  |   |            |
|--|--|---|------------|
| 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: _____  |  |   |            |
| <b>Director / Officer 3</b>  |  |   |            |
| First Name:  |  | Middle Name:                                      | Last Name: |
| <b>Physical Address</b>  |  | <b>Mailing Address</b>                            |            |
| <input type="checkbox"/> Check here if mail cannot be delivered to this 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: _____  |  |   |            |
| <b>Director / Officer 4</b>  |  |   |            |



|  |  |                     |   |                   |  |
|--|--|---------------------|---|-------------------|--|
| <b>First Name:</b>   |  | <b>Middle Name:</b> |   | <b>Last Name:</b> |  |
| <b>Physical Address</b><br><input type="checkbox"/> Check here if mail cannot be delivered to this address     |  |                     | <b>Mailing Address</b><br><input type="checkbox"/> Same as physical address |                   |  |
| <b>Street Address 1:</b>   |  |                     | <b>Street Address 1:</b>  |                   |  |
| <b>Street Address 2:</b>   |  |                     | <b>Street Address 2:</b>  |                   |  |
| <b>Street Address 3:</b>   |  |                     | <b>Street Address 3:</b>  |                   |  |
| <b>City / Town:</b>  |  |                     | <b>City / Town:</b>   |                   |  |
| <b>Province:</b>   |  |                     | <b>Province:</b>  |                   |  |
| <b>Country:</b>  |  |                     | <b>Country:</b>   |                   |  |
| <b>Postal Code:</b>  |  |                     | <b>Postal Code:</b>   |                   |  |
| <b>Email Address (optional):</b>   |  |                     |   |                   |  |
| <b>Role(s):</b>  |  |                     |   |                   |  |
| <input type="checkbox"/> Director – Resident Canadian <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                     |   |                   |  |
| <input type="checkbox"/> Officer – Office Held: _____  |  |                     |   |                   |  |
| <b>Director / Officer 5</b>  |  |                     |   |                   |  |
| <b>First Name:</b>   |  | <b>Middle Name:</b> |   | <b>Last Name:</b> |  |
| <b>Physical Address</b><br><input type="checkbox"/> Check here if mail cannot be delivered to this address     |  |                     | <b>Mailing Address</b><br><input type="checkbox"/> Same as physical address |                   |  |
| <b>Street Address 1:</b>   |  |                     | <b>Street Address 1:</b>  |                   |  |
| <b>Street Address 2:</b>   |  |                     | <b>Street Address 2:</b>  |                   |  |

|   |                          |
|---|--------------------------|
| <b>Street Address 3:</b>  | <b>Street Address 3:</b> |
| <b>City / Town:</b>   | <b>City / Town:</b>      |
| <b>Province:</b>  | <b>Province:</b>         |
| <b>Country:</b>   | <b>Country:</b>          |
| <b>Postal Code:</b>   | <b>Postal Code:</b>      |
| <b>Email Address (optional):</b>  |                          |
| <b>Role(s):</b>   |                          |
| <input type="checkbox"/> <b>Director – Resident Canadian</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                          |
| <input type="checkbox"/> <b>Officer – Office Held:</b> _____  |                          |

### **Section 13: Consent to Act as First Director**

A signed Consent to Act as First Director form (Appendix A) must be enclosed. If there are more than five (5) directors, attach an additional page listing the names, addresses and signatures of the remaining directors.

I confirm that the attached Consent to Act as First Director contains the names, addresses and signatures of all directors.

### **Section 14: Incorporator Information**

If there are more than six (6) incorporators, please photocopy this page before proceeding, or attach an additional page.

If there are fewer than six (6) incorporators, a document describing the exceptional circumstances under which fewer than six (6) incorporators should be permitted must be enclosed.

A minimum of two (2) incorporators is required.

|  |                     |
|--|---------------------|
| <b>Incorporator 1</b>  |                     |
| <input type="checkbox"/> <b>Person</b><br>Name: _____  |                     |
| <input type="checkbox"/> <b>Body Corporate</b><br>Entity Number (if registered in Saskatchewan): _____<br>Entity Name: _____ |                     |
| <b>Address Line 1:</b>   |                     |
| <b>Address Line 2:</b>   |                     |
| <b>Address Line 3:</b>   |                     |
| <b>City/Town:</b>  | <b>Province:</b>    |
| <b>Country:</b>  | <b>Postal Code:</b> |
| <b>Incorporator 2</b>  |                     |
| <input type="checkbox"/> <b>Person</b><br>Name: _____  |                     |
| <input type="checkbox"/> <b>Body Corporate</b><br>Entity Number (if registered in Saskatchewan): _____<br>Entity Name: _____ |                     |
| <b>Address Line 1:</b>   |                     |
| <b>Address Line 2:</b>   |                     |
| <b>Address Line 3:</b>   |                     |
| <b>City/Town:</b>  | <b>Province:</b>    |

|  |                     |
|--|---------------------|
| <b>Country:</b>  | <b>Postal Code:</b> |
| <b>Incorporator 3</b>  |                     |
| <input type="checkbox"/> <b>Person</b><br>Name: _____  |                     |
| <input type="checkbox"/> <b>Body Corporate</b><br>Entity Number (if registered in Saskatchewan): _____<br>Entity Name: _____ |                     |
| <b>Address Line 1:</b>   |                     |
| <b>Address Line 2:</b>   |                     |
| <b>Address Line 3:</b>   |                     |
| <b>City/Town:</b>  | <b>Province:</b>    |
| <b>Country:</b>  | <b>Postal Code:</b> |
| <b>Incorporator 4</b>  |                     |
| <input type="checkbox"/> <b>Person</b><br>Name: _____  |                     |
| <input type="checkbox"/> <b>Body Corporate</b><br>Entity Number (if registered in Saskatchewan): _____<br>Entity Name: _____ |                     |
| <b>Address Line 1:</b>   |                     |
| <b>Address Line 2:</b>   |                     |
| <b>Address Line 3:</b>   |                     |

|  |                     |
|--|---------------------|
| <b>City/Town:</b>  | <b>Province:</b>    |
| <b>Country:</b>  | <b>Postal Code:</b> |
| <b>Incorporator 5</b>  |                     |
| <input type="checkbox"/> <b>Person</b><br>Name: _____  |                     |
| <input type="checkbox"/> <b>Body Corporate</b><br>Entity Number (if registered in Saskatchewan): _____<br>Entity Name: _____ |                     |
| <b>Address Line 1:</b>   |                     |
| <b>Address Line 2:</b>   |                     |
| <b>Address Line 3:</b>   |                     |
| <b>City/Town:</b>  | <b>Province:</b>    |
| <b>Country:</b>  | <b>Postal Code:</b> |
| <b>Incorporator 6</b>  |                     |
| <input type="checkbox"/> <b>Person</b><br>Name: _____  |                     |
| <input type="checkbox"/> <b>Body Corporate</b><br>Entity Number (if registered in Saskatchewan): _____<br>Entity Name: _____ |                     |
| <b>Address Line 1:</b>   |                     |
| <b>Address Line 2:</b>   |                     |



*The Co-operatives Act, 1996*  
**Incorporation**

|                        |                     |
|------------------------|---------------------|
| <b>Address Line 3:</b> |                     |
| <b>City/Town:</b>      | <b>Province:</b>    |
| <b>Country:</b>        | <b>Postal Code:</b> |

**Section 15: Incorporator Signatures Attachment**

A document with the names and signatures of all incorporators must be enclosed.

**Section 16: Signature**

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

- I am an incorporator and I certify that the information in this submission is true.
- I certify that I am authorized by the incorporators to file these documents with the Registrar of Co-operatives and that the information in this submission is true.

\_\_\_\_\_  
Submitter Signature

\_\_\_\_\_  
Date

**Section 17: Submitter Information**

**Name:**

**Mailing Address:**

**Email:**

**Phone Number:**

**Fax Number:**

**Director 1**

I, \_\_\_\_\_, residing at  
 (Name in Full)

\_\_\_\_\_, consent to  
 (Address)

act as a director of \_\_\_\_\_.  
 (Entity Name)

|                      |                 |
|----------------------|-----------------|
| _____<br>(Signature) | _____<br>(Date) |
|----------------------|-----------------|

**Director 2**

I, \_\_\_\_\_, residing at  
 (Name in Full)

\_\_\_\_\_, consent to  
 (Address)

act as a director of \_\_\_\_\_.  
 (Entity Name)

|                      |                 |
|----------------------|-----------------|
| _____<br>(Signature) | _____<br>(Date) |
|----------------------|-----------------|



**Director 3**

|  |                 |
|--|-----------------|
| I, _____, residing at<br>(Name in Full)      |                 |
| _____, consent to<br>(Address)               |                 |
| act as a director of _____.<br>(Entity Name) |                 |
| _____<br>(Signature)                         | _____<br>(Date) |

**Director 4**

|  |                 |
|--|-----------------|
| I, _____, residing at<br>(Name in Full)      |                 |
| _____, consent to<br>(Address)               |                 |
| act as a director of _____.<br>(Entity Name) |                 |
| _____<br>(Signature)                         | _____<br>(Date) |



*The Co-operatives Act, 1996*  
**Consent to Act as First Director**  
**Appendix A**

**Director 5**

|  |                 |
|--|-----------------|
| I, _____, residing at<br>(Name in Full)      |                 |
| _____, consent to<br>(Address)               |                 |
| act as a director of _____.<br>(Entity Name) |                 |
| _____<br>(Signature)                         | _____<br>(Date) |