

Address Somerset West: 170 Main Road, Somerset West, 7130

(Cnr of Main & Helderberg Road) Branch Manager: Destiny jacoby
Tel: 021 852 2983 - Fax: 086 674 0019

Email: sw@pty-online.co.za

http://www.pty-online.co.za http://www.ptyonline.co.za Web

Shelf Company Warehouse Somerset West (Pty) Ltd Bank Account

First National Bank Bank Branch Somerset West

Account Number 62355309826

Branch Code 200-512

VAT Reg. No. 4310218948

> Reg. No. 2003/001757/07

Company Registration

- Please complete parts A, B, C, D and Power of Attorney. 1.
- 2. If the company has more than one Shareholder, make a copy of Part C.
- 3. If the company has more than one director, make a copy of Part D.
- Kindly mark services required: 4.

R1,750.00	Urgent Registration with pre-approved name reservation (generic made up words used as names)
R 350.00	IRBA BBBEE Verification Letter
R 250.00	Company Share Register (COMPULSARY for all companies-by law)
R 150.00	Postage (if required / if required and doing Tender Package X 2 Postage will need to be charged)

^{***}Please note that the timeframes on all registrations are dependent on CIPC***

Please note, if there are more than 7 directors or shareholders, extra costs will be charged. R57.00 per director/shareholder thereafter.

This amount must be deposited into the following bank account:

Shelf Company Warehouse Somerset West (Pty) Ltd First National Bank **Somerset West** Account number. 62355309826 **Branch Code. 200 - 512**

Each application for a new company now includes a free company share register. Please remember to send us the full completed application form, clear ID copies and proof of payment for us to proceed.

COMPANY REGISTRATION*

PART A: INVOICING INFORMATION

TAX INVOICE TO BE	MADE OUT TO				
YOUR REF / CONTA	CT PERSON				
POSTAL ADDRESS:					
TEL			FAX		
IEL			FAX		
CELL NO			EMAIL		
How did you come t	o hear of us?:				
If you need your VA	T number on the invoice, pleas	se state VAT number	·:		
WE WILL CONFIRM RECEIPT OF YOUR APPLICATION AND WILL GIVE YOU A REFERENCE NUMBER. PLEASE INDICATE BY TICKING THE BOX BELOW, HOW YOU WANT US TO NOTIFY YOU. THIS REFERENCE NUMBER IS TO BE USED WHENEVER YOU MAKE ENQUIRIES.					
EMAIL TO F	OLLOWING EMAIL ADDRESS				
IF YOU POSTED YOUR INSTRUCTION TO US, AND DO NOT RECEIVE CONFIRMATION WITHIN A REASONABLE PERIOD, PLEASE MAKE CONTACT WITH US, AS WE THEN DID NOT RECEIVE YOUR APPLICATION.					
PLEASE INDICATE WHETHER WE SHOULD POST THE COMPANY DOCUMENTS AFTER REGISTRATION OR WHETHER YOU WILL COLLECT THE DOCUMENTS FROM OUR OFFICE. PLEASE TICK APPROPRIATE BOX.					
PRIORITY	1AIL (2 X needed for Tender Pa	ackage)			
WILL COLLI	ECT				

PART B: PARTICULARS OF COMPANY:

Name of Com	<u>ipany</u>			
Alternative na	ames in case the above	e name is rejected (list names in order o	of preference)	
1				
2				
3				
WHETHER TH	HE NAMES ARE APPR		H SET OF NAMES LODGED REGARDLESS OF OU PROVIDED ARE APPROVED, WE WILL HAVE RE LODGED.	
Do you have	another registered con d a similar name letter	npany/close with a similar name? If so	please state name and registration number. We	
(please contac		NAME:		
		REGISTRATION NUMBER:		
Address of th	ne NEW company (<u>MUS</u>	ST BE A STREET ADDRESS)		
Street Addres	ss of company			
Street Code		ALL STREET AN D POSTAL CODES MUST BE FUR	NISHED	
Postal Addre	ss of company			
Postal Code		ALL S TREET AND POSTAL CODES MUS	ST BE FURNISHED	
Email addres	s of company			
Telephone nu	umber of company			
Authorised sl	hare capital (nominally	1,000 ordinary no par value shares)		
Financial yea	r end (normally Februa			
Number of Sh	nareholders to be Appo			
Number of Directors to be Appointed				
Name of incorporator				
Name of publ	lic officer			

PART C: SHAREHOLDER INFORMATION MAKE A COPY OF THIS PAGE FOR EACH SHAREHOLDER

MAKE A COPY OF THIS PAGE FOR EACH SHAREHOLDER
If Shares needs to be issued to a PERSON please supply the following information:

Surname						_						
Full forenames												
Identity number: (13 DIGITS).	If not So	outh-A	frican p	lease p	rovide (date of	oirth.					
Residential address												
Street code				ALL S	STREET	r code	S MUST	T BE FU	JRNISH	ED		
Number of Shares												
If Shares needs to be issued to Name of Company	to a COI	MPANY	' please	supply	the fol	lowing	informa	tion:				
Registration No.												
Registered address												
Street code				ALL S	STREET	CODE	S MUST	BE FU	IRNISHI	ED		
Number of Shares				•								
Person representing the Com	pany:											
Surname												
Full forenames												
Identity number: (13 DIGITS). If not South-African please provide date of birth.												
ND WE NEED A CLEAR COD												

NB. WE NEED A CLEAR COPY OF EACH SHAREHOLDER'S OR SHAREHOLDER REPRESENTATIVE'S IDENTITY DOCUMENT. ALSO PROVIDE A COPY OF THE COMPANY/TRUST DOCUMENTS. IF USING THE NEW ID CARD, PLEASE MAKE A COPY OF BOTH SIDES

PART D: DIRECTORS INFORMATION

MAKE A COPY OF THIS PAGE	FOR EACH DIRECTO	R		
Surname				
Full forenames				
Any previous name				
Identity number: (13 DIGITS).	If not South-African pl	lease provide date of birth	1.	
Residential address				
Street code	eet code ALL STREET AND POSTAL CODES MUST BE FURNISHED.			
Business address Street code		ALL STREET AND POSTAL COL	DES MUST BE FURNIS	SHED
		ALL OTREET AND TOOTAL OOL	DEG MIGGI DE I GIVING	IIID.
Postal Address				
Postal code		ALL STREET AND POSTAL COL	DES MUST BE FURNIS	HED.
Nationality		Occupation		
Tel. No		Fax. No		
Cell. No		Email address		

NB. WE NEED A CLEAR COPY OF EACH DIRECTOR IDENTITY DOCUMENT. THE COPY IS LODGED WITH THE APPLICATION FORMS AT CIPC. IF USING THE NEW ID CARD, PLEASE MAKE A COPY OF BOTH SIDES

* PLEASE NOTE, NO PASSPORT COPIES ARE ACCEPTED FOR SA CITIZENS. ID'S ONLY!

NB. NON-RSA CITIZENS, PLEASE NOTE, YOU WILL NEED A BUSINESS PERMIT IN ORDER TO OPEN UP A BUSINESS BANK ACCOUNT

NB. EACH AND EVERY DIRECTOR MUST SIGN THE POWER OF ATTORNEY

SPECIAL POWER OF ATTORNEY FOR REGISTRATION OF COMPANY

Name of Company	(Approved Name of Company)
	(Approved reality)

I/we the undersigned hereby appoint CHRISTIAN GOUWS and DESTINY JACOBY with full power of substitution, to be my lawful agent and in my name, place and stead:

- To apply for and obtain the registration of the Company under the Companies Act of the Republic of South Africa. To deliver to CIPC, the CoR 14.1, CoR 15.1, and/or any other documents or form which might be required for the registration of the #
- # To make such amendment, addition or alteration and to any such documents and forms which my said agent may deem fit or which may be required by CIPC and to initial or sign as may be required, each of such amendments, additions or alterations.
- To alter the name of the Company, if the proposed name is not available, in such manner as my said agent may think fit.

Signed and executed at	c	on this the	day of	20
Signed and executed at	,		uay oi	20

EACH DIRECTOR MUST SIGN THIS POWER OF ATTORNEY

Name of Director	Signature of Director
Name of Director	Signature of Director
Name of Director	Signature of Director
Name of Director	Signature of Director
Name of Director	Signature of Director
Name of Director	Signature of Director
Name of Director	Signature of Director
Name of Director	Signature of Director
Name of Director	Signature of Director
Name of Director	Signature of Director
Name of Director	Signature of Director
Name of Director	Signature of Director
Name of Director	Signature of Director
Name of Director	Signature of Director