SHELF COMPANY WAREHOUSE	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: <u>sw@pty-online.co.za</u>
	Web	http://www.pty-online.co.za http://www.ptyonline.co.za
	Bank Account	Shelf Company Warehouse Somerset West (Pty) Ltd
	Bank	First National 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.

R 800.00	Normal Registration
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.

PART A: INVOICING INFORMATION

TAX INVOICE	TO BE MADE OUT TO					
YOUR REF / C	ONTACT PERSON					
POSTAL ADDR	RESS:					
	-	<u>.</u>				
TEL			FAX			
CELL NO			EMAIL			
How did you c	ome to hear of us?:		· · · · ·			
If you need yo	ur VAT number on the invoice, please	e state VAT numbe	r:			
TICKING THE	BOX BELOW, HOW YOU WANT US TO RIES.			ERENCE NUMBER. PLEASE INDICATE BY ICE NUMBER IS TO BE USED WHENEVER YOU		
EMAIL	. TO FOLLOWING 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.						
PRIOF	RITY MAIL (2 X needed for Tender Pa	ackage)				
WILL	COLLECT					

PART B: PARTICULARS OF COMPANY:

Name of Company						
Alternative names in case the above	e name is rejected (list names in order of preference)					
1						
•						
2						
3						
WHETHER THE NAMES ARE APPRO TO BILL YOU FOR A FURTHER R70	PAID TO THE REGISTRAR FOR EACH SET OF NAMES LODGED REGARDLESS OF OVED. SO, IF NONE OF THE NAMES YOU PROVIDED ARE APPROVED, WE WILL HAVE .00 WHEN THE NEW SET OF NAMES ARE LODGED.					
Do you have another registered con will also need a similar name letter a	npany/close with a similar name? If so, please state name and registration number. We and extra R30.00.					
(please contact us)	NAME:					
	REGISTRATION NUMBER:					
Address of the NEW company (MUS	ST BE A STREET ADDRESS)					
Street Address of company						
Street Code	ALL STREET AN D POSTAL CODES MUST BE FURNISHED					
Postal Address of company						
Postal Code	ALL S					
Email address of company	TREET AND POSTAL CODES MUST BE FURNISHED					
Telephone number of company						
Authorised share capital (nominally	1,000 ordinary no par value shares)					
Financial year end (normally Februa	arv)					
	. ,,					
Number of Shareholders to be Appo	pinted					
Number of Directors to be Appointe	d					
Name of incorporator						
Name of public officer						

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

If Shares needs to be issued to a PERSON please supply the following information:

Surname												
- u /												
Full forenames												
Identity number: (13 DIGITS).	If not S	outh-Af	rican pl	ease pi	rovide d	late of I	oirth.					
Residential address												
Street code				ALL S	STREET	CODE	S MUS	T BE FU	IRNISH	ED		
Number of Shares												

If Shares needs to be issued to a COMPANY please supply the following information:

Name of Company	
Registration No.	
Registered address	
Street code	ALL STREET CODES MUST BE FURNISHED
Number of Shares	
Person representing the Com	pany:
Surname	
Full forenames	

Identity number: (13 DIGITS). If not South-African please provide date of birth.													

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 DIRECTOR

Surname	
Full forenames	
Any previous name	
Identity number: (13 DIGITS).	not South-African please provide date of birth.
Residential address	
Street code	ALL STREET AND POSTAL CODES MUST BE FURNISHED.
Business address	
Street code	ALL STREET AND POSTAL CODES MUST BE FURNISHED.
Postal Address	
Postal code	ALL STREET AND POSTAL CODES MUST BE FURNISHED.
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
ame	0	company

(Approved Name of Company)

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 #
- Company.
- # 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	on this the	day of	20
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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
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