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Account Enquiries [admin@pty-online.co.za](mailto:admin@pty-online.co.za)

Docex 181, Pretoria

Web <http://www.pty-online.co.za>

Bank Account Shelf Company Warehouse (Pty) Ltd  
Bank First National Bank  
Branch Clearwater Mall  
Account Number 62100101360  
Branch Code 251141

VAT Reg. No. 4780170371  
Reg. No. 1997/05842/07

*Directors: Christian Gouws B.A. B.Proc. & Adelle Uys*

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## REGISTRATION OF ANNUAL RETURN OF A COMPANY

1. We annex hereto the necessary forms to enable us to submit the company's annual return.
2. The fee payable to Cipro is:  
R 450.00 (if company's turnover is less than R10,000,000)  
R 2,500.00 (if company's turnover is more than R10,000,000 but less than R50,000,00)  
R 4,000.00 (if company's turnover is more than R50,000,000)
3. Our fee for submission of the annual return is R228.00 (R200.00 plus R28.00 Vat).
4. Please deposit either  
R 671.00 (R450.00 plus R228.00 if company's turnover is less than R10,000,000); or  
R2,721.00 (R2,500.00 plus R228.00 if company's turnover is more than R10m but less than R50,000,000); or  
R4,221.00 (R4,000.00 plus R228.00 if company's turnover is more than R50,000,000).

**plus R150.00 for late lodgement, if applicable.**

(a fine of R150.00 is levied by Cipro should the the annual return not be lodged within the anniversary month of its official incorporation up until the end of the month following its anniversary month.

into the following bank account:

Shelf Company Warehouse (Pty) Ltd  
First National Bank  
Clearwater Mall  
Account number. 62100101360  
Branch Code. 251141

**PLEASE REMEMBER THAT PROOF OF PAYMENT MUST BE FAXED TO US AT 0866 789 406 TOGETHER WITH YOUR APPLICATION FORMS. WE WILL PROCEED WITH PROCESSING OF THE DOCUMENTS AFTER WE RECEIVE CONFIRMATION OF PAYMENT.**

**PART A: INVOICING INFORMATION**

TAX INVOICE TO BE MADE OUT TO \_\_\_\_\_

YOUR REF (IF APPLICABLE) \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

DOCEX ADDRESS, IF APPLICABLE: \_\_\_\_\_

TEL \_\_\_\_\_ FAX \_\_\_\_\_

CELL NO \_\_\_\_\_ EMAIL \_\_\_\_\_

**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.**

<input type="checkbox"/>	SMS TO FOLLOWING CELL NO	_____
<input type="checkbox"/>	FAX TO FOLLOWING NO	_____
<input type="checkbox"/>	EMAIL TO FOLLOWING EMAIL ADDRESS	_____

**IF YOU FAXED YOUR INSTRUCTION TO US, AND DO NOT RECEIVE CONFIRMATION WITHIN 24 HOURS, PLEASE MAKE CONTACT WITH US, AS WE THEN DID NOT RECEIVE YOUR APPLICATION.**

**PLEASE INDICATE HOW YOU WANT US TO DELIVER THE CONFIRMATION OF LODGEMENT OF THE ANNUAL RETURN. PLEASE TICK APPROPRIATE BOX.**

<input type="checkbox"/>	EMAIL TO FOLLOWING EMAIL ADDRESS	_____
<input type="checkbox"/>	ORDINARY MAIL (NOT RECOMMENDED)	
<input type="checkbox"/>	WILL COLLECT	

**PART B: ANNUAL RETURN**

**COMPANY DETAIL**

<b>Registered Name</b>		
<b>Registration Number</b>		
<b>Last Financial Year Turnover</b>		
<b>Address of Registered Office</b>		
<b>Street Code</b>		
<b>Postal Address</b>		
<b>Postal Code</b>		
<b>Telephone Number</b>		
<b>Fax Number</b>		
<b>Website (URL)</b>		
<b>Email Address</b>		
<b>Cell Number</b>		

**PART C**

**SPECIAL POWER OF ATTORNEY FOR LODGEMENT OF ANNUAL RETURN**

I, the undersigned

\_\_\_\_\_  
(full forenames and surname)

being desirous of lodging the annual return of:

\_\_\_\_\_  
(name of company)

do hereby nominate, constitute and appoint :

**CHRISTIAN GOUWS and ADELLE UYS with full power of substitution, to be my agent and in my name, place and stead:**

**To lodge the annual return with the Registrar of Companies.**

**To make such amendment, addition or alteration to the annual return, CM29, CM22 and/or such other documents and forms which my said attorney or agent may deem fit or which may be required by the Registrar of the Companies and to initial or sign as may be required, each of such amendments, additions or alterations, and also to sign the CM29, CM27 and CM22.**

**SIGNED and EXECUTED at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_**  
**in the presence of the undersigned witnesses :**

**AS WITNESSES :**

1. \_\_\_\_\_  
\_\_\_\_\_  
(Signature of director)

2. \_\_\_\_\_