



Address 323 Lynnwood Road, Menlo Park.

Postal P O Box 35465, Menlo Park. 0102

Tel Tel. 086 123 8899 (30 lines)

Fax 0866 789 406

Email info@pty-online.co.za
Account Enquiries 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

REGISTRATION OF ANNUAL RETURN OF A CLOSE CORPORATION

1. We annex hereto the necessary forms to enable us to submit the company's annual return.
2. The fees payable to Cipro is: R 100.00 (if company's turnover is less than R50m)
R 4,000.00 (if turnover is more than R50m)
3. Our fee for submission of the annual return is R228.00 (R200.00 plus R28.00 Vat).
4. Please deposit either

R328.00 (R100.00 plus R228.00 if company's turnover is R50m or less); or
R4,221.00 (R4,000 plus R228.00 if turnover more than R50m)

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 CERTIFICATE OF REGISTRATION (CK1) TO YOU AFTER REGISTRATION. 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

CC DETAIL

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

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 close corporation)

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, 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 documents.

SIGNED and EXECUTED at _____ on this the _____ day of _____ 20____
in the presence of the undersigned witnesses :

AS WITNESSES :

1. _____

(Signature of member)

2. _____