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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

CC Registration

(with approved CC name)

1. Please complete parts A, B, C and D.
2. If the close corporation has more than one member, make a copy of Part C for each member. (A close corporation can have from 1 to 10 members);
3. The registration fees are either:

R800.00 if you collect the registration certificate (CK1) from our offices or if we email the certificate to you; or

R868.40 (R800 plus R68.40 priority mail) if we post the documents to you by priority mail.

This amount must be deposited 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 0866789406 WITH YOUR APPLICATION FORMS AS WE CAN ONLY 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"/>	PRIORITY MAIL (REMEMBER TO ADD R68.40 TO COST - A TOTAL OF R868.40)	
<input type="checkbox"/>	EMAIL TO FOLLOWING EMAIL ADDRESS	_____
<input type="checkbox"/>	ORDINARY MAIL (NOT RECOMMENDED)	
<input type="checkbox"/>	WILL COLLECT	

PART B: PARTICULARS OF CLOSE CORPORATION:

Name of Close Corporation _____ Approved shelf name _____

The principal business of the close corporation: _____

Registered physical address of the corporation (**MUST BE A STREET ADDRESS**)
and not a Post Box _____

Street Code _____

Postal Address of Corporation _____

Postal Code _____

email address of corporation _____

telephone number of corporation _____

Name of accounting officer. If you wish to appoint your own accounting officer kindly furnish us with an **ORIGINAL** letter of appointment. **(WE CAN APPOINT AN ACCOUNTING OFFICER FOR YOU AT NO EXTRA CHARGE. THIS IS RECOMMENDED AS IT WILL SAVE TIME. YOU ARE ALSO UNDER NO OBLIGATION TO MAKE USE OF THIS ACCOUNTING OFFICER: YOU CAN APPOINT AN ACCOUNTING OFFICER OF YOUR CHOICE AT A LATER STAGE):**

WE NEED ALL THE INFORMATION TO BE ABLE TO PROCEED WITH THE REGISTRATION.

PART C: PARTICULARS OF EACH MEMBER:

MAKE A COPY OF THIS PAGE FOR EACH MEMBER

Surname _____

Full forenames _____

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

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(NB. COPY OF ID DOCUMENT REQUIRED. IF APPLICANT IS NOT A SOUTH AFRICAN CITIZEN, WE NEED APPLICANT'S DATE OF BIRTH AS WELL AS A COPY OF HIS/HER PASSPORT. IF THE APPLICANT IS YOUNGER THAN 21, HIS/HER GUARDIAN MUST SIGN THE POWER OF ATTORNEY.)

Residential address _____

(THE ADDRESS MUST BE A STREET ADDRESS AND NOT POST BOX! IF YOU LIVE IN A FLAT, WE NEED THE STREET NAME, NAME OF THE BLOCK OF FLATS AS WELL AS THE FLAT NUMBER.)

Street code _____

Postal address _____

Postal code _____

Size of each member's interest as a percentage _____ %

(IF ALL THE MEMBERS' INTERESTS ARE ADDED, IT MUST TOTAL 100%)

Contribution made by each member: Usually R10.00) _____ R

Tel. No _____

Cell. No _____

Fax. No _____

Email address _____

How did you come to hear of us? _____

NB. ALL STREET AND POSTAL CODES MUST BE FURNISHED.

PART D SPECIAL POWER OF ATTORNEY FOR REGISTRATION OF CK1

I/we, the undersigned

Full forenames and surname of members	Identity number If not SA citizen, date of birth	Signature of member. If under 21, signature of guardian and write guardian next to signature.
1. _____		SIGNATURE HERE PLEASE
2. _____		SIGNATURE HERE PLEASE
3. _____		SIGNATURE HERE PLEASE
4. _____		SIGNATURE HERE PLEASE
5. _____		SIGNATURE HERE PLEASE
6. _____		SIGNATURE HERE PLEASE
7. _____		SIGNATURE HERE PLEASE
8. _____		SIGNATURE HERE PLEASE
9. _____		SIGNATURE HERE PLEASE
10. _____		SIGNATURE HERE PLEASE

being desirous of registering the founding statement of:

(your 1st choice for name of close corporation)
OR ANY OTHER APPROVED NAME

do hereby nominate, constitute and **appoint CHRISTIAN GOUWS/ADELLE VAN TONDER** with full power of substitution, to be my lawful agent in my name, place and stead:
To deliver to the Registrar of Companies the CK1 and any other documents or form which might be required for the registration of the founding statement and to sign the CK1 on my behalf.

Signed at _____ on 200 ____.

IMPORTANT:

1. Please note that all the information we request must be given fully. If we have to phone you for information requested on our forms but not given by you, or illegible handwriting, an additional R10.00 will be charged for each phone call. Due to the volume of applications we deal with, this will also lead to unnecessary delays.
2. Please also make sure that your handwriting is legible. We cannot be held responsible for any miss-spelling due to illegible handwriting.
3. Confirmation of payment must be faxed back to us with the application form. We are unable to proceed with the application before payment is received.
4. We can appoint an accounting officer for you at no additional cost (recommended). If we appoint an accounting officer for you, you only need fax the documents to us, and this will save time. If you want us to appoint an accounting officer of your choice, you must post the documents to us together with the accounting officer's original letter of consent. Please do not fax the documents with a note that the original accounting officer's letter will follow, as we do not proceed with registration until we have all the necessary documentation required for registration.

MAKE SURE YOU FAX THE FOLLOWING DOCUMENTS TO US:

1. Part A. Invoicing information.
2. Part B. Particulars of close corporation.
3. Part C. particulars of each member (a close corporation can have from 1 to 10 members).
4. Part D. The power of attorney signed by each member.
5. **Copy of each member's id document. If the applicant is not a South African citizen, we need a copy of the applicant's passport.**
6. Proof that payment (deposit slip or internet confirmation).
R378.00 if you intend to collect your certificate of registration from our offices; or
R446.40 if we post the documents to you by priority mail.

Nb. If you want us to appoint an accounting officer of your choice, you must post documents 1, 2, 3, 4, 5 and 6 to us together with the accounting officer's original letter of consent. The accounting officer will know what the contents of this letter should be.

(We can appoint an accounting officer for you at no extra charge. This is recommended as it will save time. You are also under no obligation to make use of this accounting officer: you can appoint an accounting officer of your choice at a later stage and your accounting officer should lodge the necessary documentation for this change at no charge).

Only if we have all of the above, can we proceed to process your registration.