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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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# CK2 Registration

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:

## **CHANGE OF MEMBERS AND/OR PRINCIPAL BUSINESS**

**R144.00** if you either collect the document from our offices after registration or if we email the document to you; or

**R197.45** if we send the document to you by priority mail after registration.

## **CHANGE OF NAME OF CC, MEMBERS AND PRINCIPAL BUSINESS**

**R194.00** if you either collect the registered CK2 from our offices after registration or we email the document to you.

**R247.45** if we send the document to you by priority mail after registration.

**The APPROPRIATE 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 TO FAX OF PAYMENT TO US AT 0866 789 406 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 R53.45 TO COST)	
<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 \_\_\_\_\_

Registration Number of CC \_\_\_\_\_

Proposed new names in order of preference, if applicable:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

**IMPORTANT: THE FOLLOWING WORDS MUST NOT BE USED IN THE NAME OF A CLOSE CORPORATION: ENTERPRISE, ENTERPRISES, BUSINESS ENTERPRISES, VENTURES OR ENDEAVOURS. WHEN A MEMBER OF THE PUBLIC SEES THE NAME OF YOUR CLOSE CORPORATION, HE MUST KNOW WHAT THE NATURE OF YOUR BUSINESS IS.**

\_\_\_\_\_  
The principal business of the close corporation. \_\_\_\_\_

**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 \_\_\_\_\_

Please mark releveant block with X

Resigning member

New member

Remaining member

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

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**(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 CK2/CK2A**

I/we, the undersigned

Full forenames and surname of members	Identity number If not SA citizen, date of birth	<b>Signature</b> on behalf of current/ new/ resigning 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 amended 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 CK2/CK2A and any other documents or form which might be required for the registration of the founding statement and to sign the CK2/CK2A 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.

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. Copy of CK1 or, if a CK2 has been registered, the last registered CK2.
7. Proof that payment (deposit slip or internet confirmation).

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