



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

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

R288.00 if you either collect the document from our offices after registration or if we email the document to you; or

R356.40 if we send the document to you by priority mail after registration.

CHANGE OF NAME OF CC, MEMBERS AND PRINCIPAL BUSINESS

R308.00 if you either collect the registered CK2 from our offices after registration or we email the document to you.

R376.40 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 R68.40 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 relevant 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	Signature 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 20 ____.

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. **NB! 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.