



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

Section 21 Company

1. Please complete parts A, B, C and Power of Attorney.
2. If the company has more than one director/shareholder, make a copy of Part C and Power of Attorney for each director/shareholder.
3. The registration fees are either:

R985.00 if you collect the registered company documents from our offices after registration; or

R1,038.45 (R985.00 plus R53.45 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

Alternatively, you can enclose a cheque with the registration documents.

As we require the original powers of attorney, please post the documents to the above postal address, or deliver the documents to our office.

(PLEASE NOTE THAT R50 IS NOW PAID TO THE REGISTRAR FOR EACH SET OF NAMES LODGED REGARDLESS OF WHETHER THE NAMES ARE APPROVED. SO, IF NONE OF THE NAMES YOU PROVIDED ARE APPROVED, WE WILL HAVE TO BILL YOU FOR A FURTHER R50.00 WHEN THE NEW SET OF NAMES ARE LODGED)

SECTION 21 COMPANY REGISTRATION*

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.

SMS TO FOLLOWING CELL NO

FAX TO FOLLOWING NO

EMAIL TO FOLLOWING EMAIL ADDRESS

IF YOU POSTED YOUR INSTRUCTION TO US, AND DO NOT RECEIVE CONFIRMATION WITHIN A REASONABLE PERIOD, PLEASE MAKE CONTACT WITH US, AS WE THEN DID NOT RECEIVE YOUR APPLICATION.

PLEASE INDICATE WHETHER WE SHOULD POST THE COMPANY DOCUMENTS AFTER REGISTRATION OR WHETHER YOU WILL COLLECT THE DOCUMENTS FROM OUR OFFICE. PLEASE TICK APPROPRIATE BOX.

PRIORITY MAIL (REMEMBER TO ADD R53.45 TO COST - A TOTAL OF R1,038.45)

WILL COLLECT

PART B: PARTICULARS OF COMPANY:

Name of Company _____

5 Alternative names in case the above name is rejected

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

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

Do you have another registered companylose with a similar name? If so, please state name and registration number _____

The principal business of the company: _____

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

Street Code _____

Postal Address of company _____

Postal Code _____

Email address of company _____

Telephone number of company _____

Name of Auditors. (We require a CM31 from the Auditors. We can appoint an Auditor for you at no extra cost. You are free to change Auditors at a later stage)

Financial year end (usually February) _____

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

PART C: PARTICULARS OF DIRECTOR/SHAREHOLDER:

MAKE A COPY OF THIS PAGE FOR EACH DIRECTOR/SUBSCRIBER

Surname _____
Full forenames _____
Any previous name _____

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Copy of Identity Document is required

Residential address _____

Street code _____

Business address _____

Street code _____

Postal Address _____

Postal code _____

Nationality _____

Occupation _____

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.

POWER OF ATTORNEY FOR REGISTRATION OF COMPANY

I, the undersigned

(full forenames and surname)

being desirous of forming a company to be registered under the name of :

or any other approved name

do hereby nominate, constitute and appoint :

Attorney CHRISTIAN GOUWS with full power of substitution, to be my lawful attorney and agent in my name, place and stead :

- # To apply for and obtain the registration of the Company under the Companies Act of the Republic of South Africa.
- # To deliver to the Registrar of Companies, the original Certificate of Incorporation, Memorandum and Articles of Association subscribed by myself, a Notarially certified copy of such documents, any other documents or form which might be required for the registration of the Company.
- # To make such amendment, addition or alteration to the Memorandum, Articles of Association 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 CM 22 and CM 29.
- # To alter the name of the Company, if the proposed name is not available, in such manner as my said attorney or agent may think fit.
- # To uplift the Certificate of the Incorporation, original Memorandum and Articles of Association and any other certificate and/or document after the registration of the Company.

Signed at _____ on _____ 200 ____

(Signature of subscriber/director)