



Tel: +27 (0) 11 039 1956
Fax: +27 (0) 086 552 2323
Email: info@idealbusinessregistrations.co.za
Web: www.idealbusinessregistrations.co.za

Postal Address:
6486 Emaphupheni Clinic
Daveyton
1520

Income Tax no: 9946154151
Company Reg no: 2010/161009/23

Physical Address:
No D2B Cranbourne Center
Cnr Woburn Ave and Bunyan Str
Benoni
1501

Thank you for choosing Ideal Business registration to complete your company (Pty) registration on your Behalf. However we cannot proceed with your application until we receive the following document

[Via email: (info@idealbusinessregistrations.co.za) or FAX: +27 (0) 086 552 2323]:

- ID copies of all members (scanned preferred)
- Signed Power of Attorney
- Proof of Payment

Upon receipt of the above mentioned documents, We will send you proof that your application has been submitted with CIPC (CIPRO) and during the process we will send you regular updates with regard updates.

Banking Details:

Bank:	First National Bank (FNB)
Account Number:	62357248254
Account Name:	Ideal Business Registrations
Branch Code:	251742
Branch Name:	Lakeside Mall
Reference Number:	Your First Pty name Choice
Amount:	R 449.00

PTY (Ltd) Registration form

Primary contact Details:

Surname	
First Names(All name as per ID)	
ID Number	
Telephone Number	

Residential Address	
Suburb and Code	
Postal Address	
Suburb and Code	
Email Address	

PTY Name Choices:

First choice	
Second Choice	
Third Choice	
Fourth Choice	

Business Description (e.g. Computer and related Services)	
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Members:

Number of directors	
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Business registered address (Can be the same as member Address)

Street Address	
Suburb and code	

Postal Address	
Suburb	
Code	
Telephone Number	

Please Enter your Director Details: Director No 1

Surname	
First Names(All name as per ID)	
Percentage	
ID Number	
Residential	

Residential Address	
Suburb and Code	
Postal Address	
Suburb and Code	
Telephone Number	
Email Address	

Please Enter your Director Details: Director No 2

Surname	
First Names(All name as per ID)	
Percentage	
ID Number	
Residential	

Residential Address	
Suburb and Code	
Postal Address	
Suburb and Code	
Telephone Number	
Email Address	

Auditor Details (Leave Black if you do not have one):

Surname	
First Names(All name as per ID)	
Postal Address	
Practise no	
Email Address	



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Limited power of attorney for Registration of a New Company

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

(We will complete this with a new approved name)

Godfrey Tshifhiwa Munyai and Docex with full power of substitution in my name place and stead.

To apply for and obtain the registration of the Company under the Companies Act of the republic and to subscribe for ordinary par value shares in my favour and to state the capital is adequate.

To apply for the Certificate to commence Business"

To deliver to the Registrar of Companies, the original Certificate of Incorporation, Memorandum and Articles of Association subscribed by myself, as well as one (1) Notarially certified copy of such documents and any other documents or form which might be required for the registration of the Company and the obtaining of the Certificate to Commence business.

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 Companies and to initial or sign as may be required, each of such amendments, additions or alterations, and also to sign the CM 22, CM 46, CM 29, CM 47 and to state the adequacy or inadequacy of share capital.

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 to Commence Business, the Certificate of Incorporation, original Memorandum and Articles of Association and any other certificate and/or document after the registration of the Company.

I/We also indemnify Rain Link Design T/A Ideal Business Registrations (2010/161009/23) as well as the individuals to whom I give limited power of attorney, against any claims, loss, damage or liability arising from delay or errors occurring in the registration process.

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

Director: _____ Signature

Director: _____ Signature

Witness: _____ Signature

Please send us a copy either by Fax: **086 552 2323** or scan and email to: **info@idealbusinessregistrations.co.za**