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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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## Non Profit Company Registration

1. Please complete parts A, B, C and Power of Attorney.
2. **A Non Profit Company requires at least three directors/members.** Please make a copy of Part C and Power of Attorney for each director/member.
3. The registration fees are:

<b>CIPC Fee</b>	<b>R 525.00</b>
<b>Our Fee</b>	<b>R 570.00</b>
<b>Plus Postage</b>	<b>R 88.00 if not collected at our offices.</b>
<b>TOTAL</b>	<b>R1,183.00</b>

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)**

# NON PROFIT 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 R88.00 TO COST - A TOTAL OF R1,183.00)

WILL COLLECT

**PART B: PARTICULARS OF COMPANY:**

Name of Company \_\_\_\_\_

3 Alternative names in case the above name is rejected

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Do you have another registered company/CC with a similar name? If so, please state name and registration number \_\_\_\_\_

Main object of 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 \_\_\_\_\_

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

**PART C: PARTICULARS OF DIRECTOR:**

**MAKE A COPY OF THIS PAGE FOR EACH DIRECTOR/MEMBER**

**A NON PROFIT COMPANY REQUIRES AT LEAST 3 DIRECTORS/MEMBERS**

Surname \_\_\_\_\_  
Full forenames \_\_\_\_\_  
Any previous name \_\_\_\_\_

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

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**Copy of Identity Document is required (THE APPLICATION FORMS CANNOT BE LODGED AT CIPRO WITHOUT COPIES OF EACH DIRECTOR/MEMBER'S IDENTITY DOCUMENT ATTACHED)**

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? \_\_\_\_\_

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**NB. ALL STREET AND POSTAL CODES MUST BE FURNISHED.**

**NB. WE NEED A COPY OF EACH DIRECTOR/MEMBER'S IDENTITY DOCUMENT.  
THE COPY IS LODGED WITH THE APPLICATION FORMS AT CIPC.**

**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 CoR 14.1, CoR 15.1C, CoR 15.1D or CoR 15.1E and/or any other documents or form which might be required for the registration of the Company.
- To make such amendment, addition or alteration and to any such documents and forms which my said attorney or agent may deem fit or which may be required by CIPC and to initial or sign as may be required, each of such amendments, additions or alterations.
- 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 all documents from CIPC after the registration of the Company.

Signed at \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
(Signature of director/member)