

**Application for Company Registration – Private Company (PTY – LTD)**

Please complete in the blocks and keep a copy for your records - Fee for Private Company Registration: **R450.00** all inclusive;

Name of Applicant: Contact Person

Cell No



Email Address:

ID No:



Physical Address/Postal Address:

**Application to Reserve a Name**

(Insert the proposed name or names to be considered in order for reservation)

1.
2.
3.
4.

1. The incorporators have incorporated a juristic person to be registered as a: **Private Company**
2. The incorporation of the company is to take effect on the date of the registration certificate is issued
3. The company's first financial year will end on **28 February 2012**. Or .....
4. The company's **physical / registered** office address is

**POSTAL CODE**

5. There are  initial directors of the company, as listed in below:

6. Briefly state **Activities of the Business**

**Adoption of Memorandum of Incorporation**

This Memorandum of Incorporation was adopted by the incorporators of the Company, in accordance with section 13 (1), as evidenced by the following signatures made by each of them, or on their behalf.

Names and Surname of Directors / Owners	Physical Address	Identity NO: or Registration	Signature	Date

**IMPORTANT INFORMATION**

1. Company Applications are processed by CICP (CIPRO) and may take up to 90 days, and we shall not be held liable by delay caused by CIPRO.
2. We forward applications to CIPRO within 24 hours of receipt of application. Msamanzi can **NOT** request CIPRO to speed up an application nor facilitate speedy applications. We shall not accept urgent company applications.
3. Client shall be informed as soon as the company has been registered.

Signature:.....

Date:.....

Please attach the following documents:

- Certified Copies of ID's of all owners mentioned above. NB: **FAXED ID COPIES SHALL NOT BE ACCEPTED.**
- All Directors / owners to complete and sign attached power of attorney.
- Copy of Bank deposit Slip if paid at the Bank. – Submit application to:

**MSAMANZI FINANCIAL SERVICES** \* REG. NO: 1998/035666/23 \* VAT REG. NO 4710193220  
 23 Loveday Street, Howard House, 1<sup>st</sup> Floor, Marshalltown, Johannesburg 2001 \* P.O. Box 90291, Bertsham 2013, South Africa  
**Tel: 011-838-4155\*Fax: 086-682-2238 \*Office Cell: 083-900-6963** \* Email: mail@msamanzi.co.za \* www.msamanzi.co.za

**BANK : STANDARD BANK, ACCOUNT NAME:MSAMANZI NEIMUD & ASSOCIATES**  
 ACCOUNT NO. : **40-221-3440**, BRANCH CODE :**01-59-37**, ACC TYPE: **CURRENT** : DEPOSIT REF: **NAME OF APPLICANT**

**POWER OF ATTORNEY**

**The Registrar  
Companies CICP  
P.O. Box 429  
Pretoria  
0001**

**TO WHOM IT MAY CONCERN**

I, we the undersigned in my / our capacity as Director(s)/Incorporator(s) of the Profit Company \_\_\_\_\_ or which ever name is approved hereby nominate and appoint Mr. Dumisani Ndlela in his/her capacity as Accounting / Tax Practitioner to be my/ our representative with full power and authority to act on my / our behalf in respect of registration of the company, and in my/our name(s) and on my/our behalf to make any enquiries or to complete or sign the necessary forms/ returns or other documents regarding registration of my / our company.

**Approved Name:**.....

**THIS DONE and EXECUTED** at \_\_\_\_\_ on this the \_\_\_\_\_.

**AS DIRECTORS:**

(Full name).....ID No:..... Signature:.....  
(Full name).....ID No:..... Signature:.....  
(Full name).....ID No:..... Signature:.....  
(Full name).....ID No:..... Signature:.....  
(Full name).....ID No:..... Signature:.....  
(Full name).....ID No:..... Signature:.....

Signature of Representative:..... Date:.....  
D.I. Ndlela (MSAMA1)