## MSAMANZI FINANCIAL SERVICES

REG. NO: 1998/035666/23 \* VAT REG. NO 4710193220



# Non-profit Companies (NPC) 2023 Section 21 Company not for Gain ALL OVER SOUTH AFRICA

• A company incorporated for public benefit or other object relating to one or more cultural or social activities, or communal or group interests; and

- The income and property of which are not distributable to its incorporators, members, directors, officers or persons related to any of them.
- The company is registered with CICP (Company and Intellectual Property Commission).
- Minimum Directors required is 3 (three) to register the company.
- Our Price as at 01 August 2017 **R500.00**
- Applicable organisations to register in this category:
   Churches, Pre-Schools, Clubs, Community Organisations, Associations etc.

**NB: TERMS OFTEN USED** 

The usual terms used to identify a community organisations usually are:

**NPO** (Non Profit Organisation)

**NGO** (Non Governmental organisation)

**PBO** (Public Benefit Organisation)

NPC (Non Profit Company)

All the terms above identify one type of organisation.

**CONSTITUTION** 

This type of organisation will require a constitution to be drawn up (in addition to the MOI) (CICP)

The constitution must contain all the importance clauses as stated in the NPO Act. Stakeholders such as directorate Non Profit Organisations, Banks, SARS, and Funding Institutions will insist on these clauses to be in place.

#### **DIRECTORS**

A Non Profit Company must be run by a minimum of 3 (three) directors. (A single person shall not be permitted to operate an NPO/NPC.)

### IMPORTANT INFORMATION

- Company Applications are processed by CICP (CIPRO) and may take up to 14 days, and we shall not be held liable by delay caused by CIPRO.
- We forward applications to CIPRO within 24 hours of receipt of application. Msamanzi can NOT request CICP 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.

#### Msamanzi Neimud & Associates -

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: FIRST NATIONAL BANK, \* ACCOUNT NAME: MSAMANZI FINANCIAL SERVICES ACCOUNT NO.: 62599607292, \* BRANCH CODE: 250655, ACC TYPE: CURRENT:

**DEPOSIT REF: NAME OF APPLICANT** 

CARD PAYMENT FACILITIES AVAILABLE
AT OUR OFFICES



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\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*
In association with:
Msamanzi & Associates
Accountants

#### Sponsors

- IPSA (cips.org)
- MSAMANZI F.S.

**Application for Company Registration – NPC – Section 21 Company**Please complete in the blocks and keep a copy for your records - Fee for NPC Company Registration: **R500.00** all inclusive;

| Name of Contact person:  | Cell No                     |                       |                    |                     |
|--|-----------------------------|-----------------------|--------------------|---------------------|
| Email Address:   | Tel No:                     |                       |                    |                     |
|  |                             |                       |                    |                     |
| Address/Postal Address:  |                             |                       |                    |                     |
| Application to Reserve a Name (Insert the proposed name or names to be considered in order for reserved.)  | eservation)                 |                       |                    |                     |
| 2.   |                             |                       |                    |                     |
| 3.   |                             |                       |                    |                     |
| 4.   |                             |                       |                    |                     |
| <ol> <li>The incorporators have incorporated a juristic person to be regise.</li> <li>The incorporation of the company is to take effect on the date of the company's first financial year will end on 28 February</li> </ol>  | of the registration cer     | tificate is issued    |                    |                     |
| 4. The company's registered office address is:   |                             |                       | T                  |                     |
|  |                             |                       | CODI               | :                   |
| OBJECTIVES OF THE ORGANISATION:  |                             |                       |                    |                     |
| 1  |                             |                       |                    |                     |
| 5. There are initial directors of the company, as listed   | l in below:                 |                       |                    |                     |
| Adoption of Memorandum of Incorporation  This Memorandum of Incorporation was adopted by the incorporator following signatures made by each of them, or on their behalf.   | s of the Company, in a      | ccordance with sectio | n 13 (1), as evide | nced by the         |
| lame and address of Directors / Owners / incorporator  | Identity NO:<br>or Passport | Cell Number           | Signature          | Share<br>Percentage |
| lame & Surname:  |                             |                       |                    | 9                   |
| Address:   |                             |                       |                    |                     |
|  | Email Address:              |                       |                    |                     |
|  |                             |                       |                    |                     |
| lame & Surname:  |                             |                       |                    | 0                   |
| Address:   | Email Address:              |                       |                    |                     |
|  |                             |                       |                    |                     |
| lame & Surname:  |                             |                       |                    | %                   |
| Address:   | Email Address:              |                       |                    |                     |
| Code:  |                             |                       |                    |                     |
| lame & Surname:  |                             |                       |                    | 9,                  |
| Address:   | Email Address:              |                       |                    |                     |
|  | 2                           |                       |                    |                     |
|  |                             |                       |                    |                     |
| Signature:   | Date:                       |                       |                    |                     |
| Please attach the following documents:   | CODIES SHALL NOT BE         | ACCEPTED              |                    |                     |
| Certified Copies of <b>ID</b> 's of all owners mentioned above. NB: <b>FAXED ID</b> All Directors / Members to complete and sign attached power of attoring to the complete and sign attached power of attoring to the complete and sign attached power of attoring to the complete and sign attached power of attoring to the complete and sign attached power of attoring to the complete and sign attached power of attoring to the complete and sign attached power of attached powe |                             | ACCEPTED.             |                    |                     |
| in ectors, members to complete and sign attached power of atto   |                             |                       |                    |                     |
| Copy of Bank deposit Slip if paid at the Bank. – Submit application to:  |                             |                       |                    |                     |

# **POWER OF ATTORNEY**

| ine kegistrar  |
|----------------|
| Companies CICF |
| P.O. Box 429   |
| Pretoria       |
| 0001           |

### TO WHOM IT MAY CONCERN

| I, we the undersigned in my / our capa  | acity as Director(s)/Incorporato   | or(s) of the Non Profit Company       |  |  |  |  |  |
|---|------------------------------------|---------------------------------------|--|--|--|--|--|
|   |                                    | or which ever name is approved        |  |  |  |  |  |
| hereby nominate and appoint Mr. Dumisani Nd   | lela in his/her capacity as Accoun | ting / Tax Practitioner to be my/ our |  |  |  |  |  |
| representative with full power and authority to   | o act on my / our behalf in respec | t 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 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:  D.I. Ndlela (MS   |                                    |                                       |  |  |  |  |  |