



Address & Contact details

**Cape Town - CBD:** Shop 3, Waldorf Arcade, St. Georges Mall  
Branch Manager: Melissa-Ann 072 873 0346  
Cell: 072 873 0346 - Tel: 086 111 4213 - Fax: 086 697 5438  
Email: [ctn@pty-online.co.za](mailto:ctn@pty-online.co.za)

**Cape Town - Northgate:** Unit A15, Block 1, C/O Section Street & Koeberg Road, Northgate Park  
Branch Manager: Chené  
Cell: 076 5399 521 - Tel: 086 111 4213 - Fax: 086 567 5031  
Email: [chene@pty-online.co.za](mailto:chene@pty-online.co.za)

**Port Elizabeth** - 280 Cape Road, Newton Park  
Branch Manager: Lelanie  
Cell: 083 561 0053 - Tel: 086 111 4213 - Fax: 086 111 4214/086 646 4200  
Email: [pe@pty-online.co.za](mailto:pe@pty-online.co.za) / [lelanie@pty-online.co.za](mailto:lelanie@pty-online.co.za)

**East London** - c/o 24 Pearce & Tecoma Street, Berea  
Branch Manager: Angela  
Cell: 072 980 4689 - Tel: 086 111 4213 - Fax: 086 212 8709  
Email: [el@pty-online.co.za](mailto:el@pty-online.co.za)

Web <http://www.pty-online.co.za>

Bank Account Shelf Company Warehouse Cape (Pty) Ltd  
Bank First National Bank  
Branch Walmer park  
Account Number 62105084040  
Branch Code 250655

VAT Reg. No. 4520237100  
Reg. No. 2002/002540/07

Director Melissa Rheeder  
082 801 1505

## REGISTRATION OF ANNUAL RETURN

We annex hereto the necessary forms to enable us to submit the CC's/Company's annual return.

### **CLOSE CORPORATIONS:**

R 330.00 (if the CC's turnover is less than R50m)  
R 4,280.00 (if the CC's turnover is more than R50m)

***\*please add R150.00 penalty fee if your lodgement is late. Contact us to check if there is any penalty fees due***

### **COMPANIES:**

R 330.00 (if company's turnover is R0 and less than R1m)  
R 680.00 (if company's turnover is between R1m and less than R10m)  
R 2,230.00 (if company's turnover is between R10m and less than R25m)  
R 3,230.00 (if company's turnover is more than R25m)

***\*please contact us to check if there is any penalty fees due. Penalty fees vary, dependant on the turnover figures***

Please deposit into the following bank account:

Account Holder: Shelf Company Warehouse Cape (Pty) Ltd  
Bank: FNB  
Account no.: 62105084040  
Branch: Walmer Park  
Branch Code: 250655

**ADMIN FEE AND USED STAMPS WILL BE DEDUCTED ON ALL REFUNDS**

**PLEASE REMEMBER THAT PROOF OF PAYMENT MUST BE FAXED/EMAILED TO US TOGETHER WITH YOUR APPLICATION FORMS. WE WILL PROCEED WITH PROCESSING OF THE DOCUMENTS AFTER WE RECEIVE CONFIRMATION OF PAYMENT.**

**PLEASE CONFIRM IF WE RECEIVED YOUR FAX/EMAIL, IF YOU DO NOT RECEIVE CONFIRMATION FROM WITHIN AN HOUR OF SENDING THE APPLICATION.**

**PART A: INVOICING INFORMATION**

Tax invoice to be made out to			
Your ref (if applicable)			
Postal address			
Tel No.		Fax No.	
Cell No.		Email	

How did you come to hear of us?

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

<input type="checkbox"/>	SMS to the following number	_____
<input type="checkbox"/>	Fax to the following number	_____
<input type="checkbox"/>	Email to the following email address	_____

Indicate whether we should email you the confirmation or if you would like to collect the hard copy

<input type="checkbox"/>	Email						
<input type="checkbox"/>	Will collect (please indicate at which branch you will be collecting your documents)						
<input type="checkbox"/>	CTN Northgate	<input type="checkbox"/>	CTN CBD	<input type="checkbox"/>	Port Elizabeth	<input type="checkbox"/>	East London

**PART B : CLOSE CORPORATION / COMPANY DETAILS**

Registered name	
Registration number	
Last financial year turnover <i>(if more than 1 year outstanding, please give turnovers for each year)</i>	

Member/Director details (only one of the members/directors details needed)

Surname													
Previous surname (if applicable)													
Full names													
ID number													
Date of Birth	Year			Month			Day						

**SPECIAL POWER OF ATTORNEY FOR SUBMISSION OF ANNUAL RETURN**

I, the undersigned \_\_\_\_\_  
(Full name and surname)

being desirous of submitting the annual return of:  
\_\_\_\_\_  
(Name of CC/Company)

Do hereby nominate, constitute and appoint:  
MELISSA RHEEDER with full power of substitution, to be my lawful agent in my name, place and stead:  
To complete the lodge of annual return in compliance with the Companies Act of the Republic of South Africa.

Signed and Executed at \_\_\_\_\_ on the \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_ In the presence  
of the undersigned.

\_\_\_\_\_  
(signature of director/member/shareholder/officer)