



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

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

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 / 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

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
cape@pty-online.co.za

CK2 APPLICATION

1. Please complete parts A, B, C, D and the Notice of Meeting and Minutes of Meeting as well
2. If the close corporation has more than one member, make a copy of part C for each member. (A close corporation can have from 1 to 10 members);
3. The registration fees are either:

CHANGE OF MEMBERS OF CC

* **R250.00** if you either collect the document from our offices after registration or if we email the document to you.

CHANGE OF MEMBERS AND PRINCIPAL BUSINESS

* **R280.00** if you either collect the document from our offices after registration or if we email the document to you.

CHANGE OF NAME OF CC, MEMBERS AND PRINCIPAL BUSINESS

* **R330.00** if you either collect the document from our offices after registration or if we email the document to you.

CHANGE OF REGISTERED ADDRESS AND/OR ACCOUNTING OFFICER

* **R250.00** if you either collect the document from our offices after registration or if we email the document to you..

THE APPROPRIATE AMOUNT MUST BE DEPOSITED 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 TO SEND/DELIVER THE PROOF OF PAYMENT WITH YOUR APPLICATION FORMS AS WE CAN ONLY PROCEED WITH PROCESSING OF THE DOCUMENTS AFTER WE RECEIVE CONFIRMATION OF PAYMENT.

PLEASE NOTE THAT FAX ID COPY'S ARE NO LONGER ACCEPTED BY CIPC, PLEASE E-MAIL/DELIVER/SEND CLEAR ID COPY'S FOR ALL THE MEMBERS

FILE NUMBER <i>OFFICE USE ONLY</i>	CoR9.1 INS NO <i>OFFICE USE ONLY</i>	CK 2 INS NO <i>OFFICE USE ONLY</i>

MEMBER CHANGE		NAME AND MEMBER CHANGE		CHANGE OF REGISTERED ADDRESS		CHANGE OF ACCOUNTING OFFICER	
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CK2

PART A: INVOICING INFORMATION

- TAX INVOICE TO BE MADE OUT TO: _____

- CONTACT PERSON/YOUR REF: _____
- POSTAL ADDRESS: _____

- TEL: _____ FAX: _____
CELL NO: _____ EMAIL: _____
- How did you come to hear of us?: _____

PLEASE INDICATE BY TICKING THE BOX BELOW, HOW YOU WANT US TO NOTIFY YOU.

- SMS TO FOLLOWING CELL NO: _____
- FAX TO FOLLOWING NO: _____
- EMAIL TO FOLLOWING EMAIL ADDRESS: _____

IF YOU FAXED YOUR INSTRUCTION TO US, AND DO NOT RECEIVE CONFIRMATION WITHIN 24 HOURS, PLEASE MAKE CONTACT WITH US, AS WE COULD HAVE NOT RECEIVED YOUR APPLICATION.

PLEASE INDICATE HOW YOU WANT US TO DELIVER THE CERTIFICATE OF REGISTRATION (CK2) TO YOU AFTER REGISTRATION. PLEASE TICK APPROPRIATE BOX.

- PRIORITY MAIL (COST IS EXTRA R125.00)
- EMAIL TO FOLLOWING EMAIL ADDRESS: _____
- WILL COLLECT (Please indicate at which branch you will be collecting your documents)

CTN NORTHGATE CTN CBD Port Elizabeth East London

PART B: PARTICULARS OF CLOSE CORPORATION:

1. Current name of Close Corporation: _____
2. Proposed new names in order of preference, if applicable:
 - 2.1 _____
 - 2.2 _____
 - 2.3 _____

IMPORTANT: THE FOLLOWING WORDS MUST NOT BE USED IN THE NAME OF A CLOSE CORPORATION: ENTERPRISE, ENTERPRISES, BUSINESS ENTERPRISES, VENTURES OR ENDEAVOURS. WHEN A MEMBER OF THE PUBLIC SEES THE NAME OF YOUR CLOSE CORPORATION, HE MUST KNOW WHAT THE NATURE OF YOUR BUSINESS IS.

(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 R70.00 (CIPC FEE R50.00 + R20.00 OUR FEE) WHEN THE NEW SET OF NAMES ARE LODGED)

3. Registration number of CC: _____
4. Date of registration: _____
5. The principal business of the close corporation: _____

***PLEASE PROVIDE US WITH THE LATEST CK DOCUMENT, PRINTOUT OR FREE DISCLOSURE WHEN SUBMITTING THIS FORM**

CHANGE OF REGISTERED PHYSICAL AND POSTAL ADDRESS OF BUSINESS (CK2A):

1. New Physical Address: _____

_____ Code: _____
2. New Postal Address: _____

_____ Code: _____

PART C: PARTICULARS OF EACH MEMBER:

MAKE A COPY OF THIS PAGE FOR EACH MEMBER

1. Surname: _____

2. Full forenames: _____

3. Please mark relevant block with X

RESIGNING MEMBER	NEW MEMBER	REMAINING MEMBER
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4. Identity number: (13 DIGITS). If not South-African please provide date of birth.

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CLEAR COPY OF ID DOCUMENT REQUIRED. IF APPLICANT IS NOT A SOUTH AFRICAN CITIZEN, WE NEED APPLICANT'S DATE OF BIRTH AS WELL AS A COPY OF HIS/HER PASSPORT. IF THE APPLICANT IS YOUNGER THAN 21, HIS/HER GUARDIAN MUST SIGN THE POWER OF ATTORNEY.

5. Residential address (MUST BE A STREET ADDRESS AND A NOT POST BOX! IF YOU LIVE IN A FLAT, WE NEED THE STREET NAME, NAME OF THE BLOCK OF FLATS AS WELL AS THE FLAT NUMBER): _____

Street code: _____

6. Postal address: _____

_____ Postal
code: _____

7. Size of each member's interest as a percentage: _____

(IF ALL THE MEMBERS' INTERESTS ARE ADDED, IT MUST TOTAL 100%)

8. Contribution made by each member: _____

(Usually R10.00)

9. Tel. No: _____

10. Cell. No _____

11. Fax. No: _____

12. Email address: _____

NB. ALL STREET AND POSTAL CODES MUST BE FURNISHED.

NB. ALL NON-SA RESIDENT, PLEASE NOTE THAT YOU NEED A BUSINESS PERMIT IN ORDER TO OPEN UP A BUSINESS BANK ACCOUNT

PART D: PARTICULARS OF ACCOUNTING OFFICER:

1. Name of accounting officer: _____

2. Practise/Profession number: _____

3. Profession: _____

4. Please mark relevant block with X

RESIGNING	NEW	REMAINING
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5. Date of appointment: _____

NB: Please provide us with an original accounting officer letter, signed in black ink

Requirements for accounting officer letter:

1. Must be on accounting officer letterhead, with all his/her contact details and physical/postal address.
2. Must be recently dated (not older than 3 months)
3. Must have the CC's name and registration number (ensure that the spelling and number is correct)
4. Accounting officer's profession and practise number **MUST** be on the letter

PART E SPECIAL POWER OF ATTORNEY FOR REGISTRATION OF CK2 / CK2A

I/we, the undersigned

Full names and surname of members	Identity number If not SA citizen, date of birth	<i>Signature</i> on behalf of current/ new/ resigning member. (If under 18, signature of guardian and write guardian next to signature)
1. _____		signature here please
2. _____		signature here please
3. _____		signature here please
4. _____		signature here please
5. _____		signature here please
6. _____		signature here please
7. _____		signature here please
8. _____		signature here please
9. _____		signature here please
10. _____		signature here please

being desirous of registering the amended founding statement of:

(name of close corporation)
OR ANY OTHER APPROVED NAME

do hereby nominate, constitute and appoint MELISSA RHEEDER and CHRISTIAN GOUWS with full power of substitution, to be my lawful agent in my name, place and stead:

To deliver to the Registrar of Companies the CK2 / CK2A and any other documents or form which might be required for the registration of the founding statement and to sign the CK2 / CK2A on my behalf.

SIGNED and EXECUTED at _____ on this the _____ day of _____ 20_____.

_____ CC (Reg. No. _____ / _____ /23)

Physical Address: _____

Postal Address: _____

Tel: _____

Email: cape@pty-online.co.za

NOTICE OF MEETING TO CHANGE MEMBERSHIP

NOTICE IS HEREBY GIVEN of a meeting of members of the above mentioned Close Corporation which will be held at the registered office of the Close Corporation on _____ commencing at _____.

(Member name)

(Member signature)

(Member name)

(Member signature)

(Member name)

(Member signature)

(Member name)

(Member signature)

(Member name)

(Member signature)

(Member name)

(Member signature)

(Member name)

(Member signature)

(Member name)

(Member signature)

Physical Address: _____

Postal Address: _____

Tel: _____

Email: cape@pty-online.co.za

MINUTES OF A MEETING HELD AT _____ on _____

It was resolved and accepted that the following changes be made to the membership of the Close Corporation:

The appointment of:

_____ ID: _____

_____ ID: _____

_____ ID: _____

The resignation of:

_____ ID: _____

_____ ID: _____

_____ ID: _____

The remaining members:

_____ ID: _____

_____ ID: _____

_____ ID: _____

(Member name)

(Member signature)

(Member name)

(Member signature)

(Member name)

(Member signature)

(Member name)

(Member signature)

(Member name)

(Member signature)

(Member name)

(Member signature)

(Member name)

(Member signature)

(Member name)

(Member signature)

IMPORTANT:

1. PLEASE NOTE THAT ALL THE INFORMATION WE REQUEST MUST BE GIVEN FULLY. IF WE HAVE TO PHONE YOU FOR INFORMATION REQUESTED ON OUR FORMS BUT NOT GIVEN BY YOU, OR ILLEGIBLE HANDWRITING, AN ADDITIONAL R10.00 WILL BE CHARGED FOR EACH PHONE CALL. DUE TO THE VOLUME OF APPLICATIONS WE DEAL WITH, THIS WILL ALSO LEAD TO UNNECESSARY DELAYS.
2. PLEASE ALSO MAKE SURE THAT YOUR HANDWRITING IS LEGIBLE. WE CANNOT BE HELD RESPONSIBLE FOR ANY MISS-SPELLING DUE TO ILLEGIBLE HANDWRITING.
3. CONFIRMATION OF PAYMENT MUST BE FAXED/EMAIL/DELIVERED BACK TO US WITH THE APPLICATION FORM. WE ARE UNABLE TO PROCEED WITH THE APPLICATION BEFORE PAYMENT IS RECEIVED.
4. ALSO COMPLETE AND LET ALL MEMBERS SIGN THE NOTICE OF MEETING AS WELL AS MINUTES OF MEETING. THIS IS A NEW REQUIREMENT FROM CIPC, AS FROM 1 MAY 2013.

FAX/EMAIL/DELIVER THE FOLLOWING DOCUMENTS TO US:

1. PART A. INVOICING INFORMATION.
2. PART B. PARTICULARS OF CLOSE CORPORATION.
3. PART C. PARTICULARS OF EACH MEMBER (A CLOSE CORPORATION CAN HAVE FROM 1 TO 10 MEMBERS).
4. PART D. THE POWER OF ATTORNEY SIGNED BY EACH MEMBER.
5. NOTICE AND MINUTES
6. COPY OF EACH MEMBER'S ID DOCUMENT. IF THE APPLICANT IS NOT A SOUTH AFRICAN CITIZEN, WE NEED A COPY OF THE APPLICANT'S PASSPORT.
7. COPY OF CK1 OR, IF A CK2 HAS BEEN REGISTERED, THE LAST REGISTERED CK2.
8. PROOF OF PAYMENT (DEPOSIT SLIP OR INTERNET CONFIRMATION).

ONLY IF WE HAVE ALL OF THE ABOVE, CAN WE PROCEED TO PROCESS YOUR REGISTRATION.