

# Application for Company AMENDMENT– PRIVATE COMPANY / CLOSE CORPORATION

Please complete in the blocks and keep a copy for your records

## PRICES

**CHANGE OF ADDRESS ONLY** : **R150.00**  
**CHANGE OF DIRECTORS** : **R350.00** INCLUDES CHANGE OF ADDRESSES/CELL PHONE ETC  
**CHANGE OF NAME OF COMPANY** : **R450.00** INCLUDES CHANGE OF DIRECTORS/ADDRESSES/CELLPHONE

Name of Applicant:

Cell No

Email Address:

ID No:

Address/Postal Address:

Name of Company / CC

Reg NO

<input type="text"/>	<input type="text"/>
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➔ **NEW PROPOSES NAMES (COMPLETE only of you are also changing name of business)**

1.	3
2.	4

3. The company's registered office address is

Postal Address:	CODE
Physical Address:	CODE

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

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

### Details of Directors

SURNAME	NAMES IN FULL	Identity / Passport NO:	Cell Number	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:				.....%
Code:			percentage	
Directors Status ( Please Tick) <input type="checkbox"/> EXISTING DIRECTOR <input type="checkbox"/> NEW DIRECTOR <input type="checkbox"/> DIRECTOR RESIGNED on the:.....20.....				

SURNAME	NAMES IN FULL	Identity / Passport NO:	Cell Number	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:				.....%
Code:			percentage	
Directors Status ( Please Tick) <input type="checkbox"/> EXISTING DIRECTOR <input type="checkbox"/> NEW DIRECTOR <input type="checkbox"/> DIRECTOR RESIGNED on the:.....20.....				

SURNAME	NAMES IN FULL	Identity / Passport NO:	Cell Number	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:				.....%
Code:			percentage	
Directors Status ( Please Tick) <input type="checkbox"/> EXISTING DIRECTOR <input type="checkbox"/> NEW DIRECTOR <input type="checkbox"/> DIRECTOR RESIGNED on the:.....20.....				

SURNAME	NAMES IN FULL	Identity / Passport NO:	Cell Number	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:				.....%
Code:			percentage	
Directors Status ( Please Tick) <input type="checkbox"/> EXISTING DIRECTOR <input type="checkbox"/> NEW DIRECTOR <input type="checkbox"/> DIRECTOR RESIGNED on the:.....20.....				

Please attach the following documents:

- Copy of the Company Registration Document.
- 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 : **FIRST NATIONAL BANK**, \* ACCOUNT NAME: **MSAMANZI FINANCIAL SERVICES**  
 ACCOUNT NO. : **62599607292**, \* BRANCH CODE: **250655**, ACC TYPE: **CURRENT** : DEPOSIT REF: **NAME OF APPLICANT**

# WRITTEN STATEMENT TO AMEND DETAILS OF A PROFIT COMPANY

NAME OF COMPANY:.....

ADDRESS:..... CODE:.....

REGISTRATION NUMBER: .....

THE REGISTRAR  
CICP  
P.O. BOX 429  
PRETORIA  
0001

RE: REQUEST FOR CHANGE OF DETAILS OF THE COMPANY AND / OR CHANGE OF DIRECTORS TO A PRIVATE COMPANY MENTIONED ABOVE.

The Registrar

We the undersigned hereby request that the company named above be amended with changes below effective from date of amendment.

**Nature of amendment:**.....

We hereby attach our approval and consent to these changes:

Yours truly

Directors / Members

## **(ACTIVE) EXISTING AND NEW DIRECTORS**

NAME AND SURNAME ID NUMBER Signature:.....

NAME AND SURNAME ID NUMBER Signature:.....

NAME AND SURNAME ID NUMBER Signature:.....

NAME AND SURNAME ID NUMBER Signature:.....

## **(RESIGNED) DIRECTORS WHO CEASE TO BE DIRECTORS OF THE COMPANY**

NAME AND SURNAME ID NUMBER Signature:.....

NAME AND SURNAME ID NUMBER Signature:.....

Dated: Day..... Month:..... Year: 20.....

**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 Non 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 – EXISTING / NEW / AND THOSE RESIGNED**

- (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)