



23 Loveday Street, Howard House, 1<sup>st</sup> Floor, Marshalltown, Johannesburg 2001  
P.O. Box 90291, Bertsham 2013, South Africa  
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# CIDB REGISTRATION REQUEST FORM - 2018

**09**

## GRADE 1 – GENERAL BUILDING

Business Name			
Trading as			
Bank Account Name		Account Number	
Bank Name		Bank code	
Branch		Account Type	
Date of Registration			
Registration Number	/	/	
Physical Address			
			Code:
Province			
Postal Address			
			Code:
Province			
Contact Person (Names)			
Telephone Number			
Cell Number			
Business activities:			
Email Address			

DIRECTORS/MEMBERS of the COMPANY		
NAME AND SURNAME	ID NUMBER	SHARE/ PERCENTAGE

PLEASE ATTACH THE FOLLOWING SUPPORTING DOCUMENTS	
<input type="checkbox"/> <b>CK1 or CK2</b> Close Corporation :	<input type="checkbox"/> <b>COR14.3, COR14.1, COR15</b> Private Company (PTY) and NPC Company.
<input type="checkbox"/> <b>ID COPIES</b> of all Directors, must be certified.	<input type="checkbox"/> <b>TAX CLEARANCE CERTIFICATE:</b> Must be a valid copy (not expired)
<input type="checkbox"/> <b>BEE AFFIDAVIT</b> Valid BEE Affidavit	<input type="checkbox"/> <b>SHARE CERTIFICATE(s)</b> Share Certificate of all directors of the PTY or NPC

**TOTAL AMOUNT OF SERVICE: R650.00 INCLUDING CIDB MEMBERSHIP FEE.**

Signature:..... Date:.....

ORDERING AND PAYMENT DETAILS	
<b>BANK DETAILS:</b> Msamanzi Financial Services First National Bank Acc. No: 62599607292 - BRANCH CODE: 250655 Deposit Ref: Your Company Name	<b>SUBMIT YOUR ORDER:</b> Scan and Email this form and supporting documents to: Email: dumie@absamail.co.za Fax: 086-682-2238 Post: P.O. Box 90291, Bertsham, 2013

MEMBERSHIPS and AFFILIATION



**POWER OF ATTORNEY**

**The Registrar**

**CIDB**

**Pretoria**

**0001**

**TO WHOM IT MAY CONCERN**

I, we the undersigned in my / our capacity as Director(s) of the Company

Name of the company: \_\_\_\_\_

hereby nominate and appoint Mr. Dumisani Ndlela in his 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.

THIS DONE and EXECUTED at \_\_\_\_\_

on the Day: \_\_\_\_\_ Month: \_\_\_\_\_ 20 \_\_\_\_\_

**AS DIRECTORS:**

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

Signature of Representative:..... Date:.....

D.I. Ndlela