

CHANGE OF COMPANY AND DIRECTORS CONTACT DETAILS ONLY - R100.00

CHANGE OF COMPANY ADDRESS AND DIRECTORS CONTACT DETAILS :
INCLUDES CHANGE OF ADDRESSES / CELL PHONE NUMBERS , EMAIL ADDRESSES

NOT FOR DIRECTOR ADDITION OR RESIGNATION

This FORM allows Directors to update company and personal details at CIPC. CIPC will then be able to send you updates and reminders about your company. Please stay tuned with CIPC.

Name of Contact Person	Cell No:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>

COMPANY DETAILS

Name of Company	Reg. NO
<input type="text"/>	<input type="text"/>

The company's **ADDRESS** registered office address is

Company Physical Address:	CODE
Company Postal Address:	CODE

DIRECTORS DETAILS - PLEASE ADD EMAIL ADDRESS FOR EACH DIRECTOR (IMPORTANT)

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"/>
Director Address			Code:	
Director Email address:				percentage.....%

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"/>
Director Address			Code:	
Director Email address:				percentage.....%

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"/>
Director Address			Code:	
Director Email address:				percentage.....%

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"/>
Director Address			Code:	
Director Email address:				percentage.....%

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"/>
Director Address			Code:	
Director Email address:				percentage.....%

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 st 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 COMPANY

RESOLUTION TO AMEND DETAILS OF THE COMPANY / DIRECTORS.

NAME OF COMPANY:.....

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

REGISTRATION NUMBER:

THE REGISTRAR
CICP, P.O. BOX 429
PRETORIA, 0001

DIRECTOR/S RESOLUTION

RE: REQUEST FOR CHANGE OF DETAILS OF THE COMPANY AND / OR CHANGE OF MEMBERS/DIRECTORS TO A 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 (changes)

SECTION A : UPDATE OR CHANGES OF COMPANY ADDRESS AND DIRECTORS CONTACT DETAILS

We , the undersigned, confirm that we are the Director/s of the company named above.

We confirm that that during the meeting held on the20....., which was specially convened to the purpose of change of name of the members / directors of company, we were present on that meeting.

A resolution was passed by the all directors present that the Directors of the company be amended (changed) as per section **A** above.

STATEMENT BY THE CHAIRPERSON:

I, as the chairperson have satisfied myself that the Members/Directors of the company, agreed to this nature of (change) amendment.. and have consented to this change.

I further request CIPC to facilitate the nature of change.

Yours truly

Chairperson

EXISTING DIRECTORS/MEMBERS

NAME AND SURNAME	ID NUMBER	SIGNATURE
NAME AND SURNAME	ID NUMBER	SIGNATURE
NAME AND SURNAME	ID NUMBER	SIGNATURE
NAME AND SURNAME	ID NUMBER	SIGNATURE
NAME AND SURNAME	ID NUMBER	SIGNATURE
NAME AND SURNAME	ID NUMBER	SIGNATURE

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

RESOLUTION TO AMEND DETAILS OF MEMBERS/DIRECTORS OF

NAME OF COMPANY:.....

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

REGISTRATION NUMBER:

THE REGISTRAR
CICP, P.O. BOX 429
PRETORIA, 0001

ATTENDANCE REGISTER

Members / Directors present.

NAME AND SURNAME	ID NUMBER
NAME AND SURNAME	ID NUMBER
NAME AND SURNAME	ID NUMBER
NAME AND SURNAME	ID NUMBER
NAME AND SURNAME	ID NUMBER
NAME AND SURNAME	ID NUMBER
NAME AND SURNAME	ID NUMBER
NAME AND SURNAME	ID NUMBER

STATEMENT BY THE CHAIRPERSON:

I, as the chairperson have satisfied myself that the Members/Directors of the company, we present at the meeting to amend details of the company.

Yours truly

Chairperson

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 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

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

Signature of Representative: Date:.....
D.I. Ndlela (MSAMA1)