

SEBENZA BUSINESS SOLUTIONS
825 Arcadia Street, Arcadia, Pretoria
0027

P. O. Box 14527
Hatfield
0028



Nock Out Trading 18 CC t/a Sebenza Business
Solutions
CK 2009/007561/23

Tel : (012) 7555 225
Cell : 082 304 7925 // 076 548 4881
Fax : 086 516 5380
E-mail : sbs@absamail.co.za

Close Corporation Amendment Forms

Registration Process

:: Step 1: Complete and submit the registration forms below.

:: Step 2: Please print and complete the **Power of Attorney** document attached to this e-mail. We need the original document as permission to sign all registration documents on your behalf. Please post the form to the following address:

**Sebenza Business Solutions, P.O. Box 14527, Hatfield,
0028**

DOCUMENTS WE REQUIRE TO PROCESS YOUR CC APPLICATION

- 1. LIMITED POWER OF ATTORNEY SIGNED**
- 2. COPIES OF ID DOCUMENT OF EVERY MEMBER OF CC**

:: Make sure that the signed Power of Attorney form reaches us as soon as possible. The registration of your CC will be delayed if you delay the delivery of this form.

:: Step 3: Please pay your registration fee. We require a direct deposit to the following account:

Banking Details for Internet Transfer/Cash Deposit	
APty (Ltd)ount Name :	Nock Out Trading 18 CC t/a Sebenza Business Solutions
Bank :	First National Bank
APty (Ltd)ount Number :	62213 632062
Branch Code :	Centurion (160 245)
Type of Account	Business Cheque Account
Reference :	Your First PTY (LTD) Name / Invoice Nr
Proof of payment :	Fax to 086 516 5380 / E-mail to sbs@absamail.co.za

Use your **FIRST CC NAME** as Reference. All cheque deposits are subject to a 10 day clearance period. Please note that we will only start with the registration process after we have received your proof of payment.

Send your proof of payment to Fax: 086 516 5380 or E-mail: sbs@absamail.co.za.

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Sebenza Business Solutions – Close Corporation Amendment Forms

Complete the form below and fax along with your proof of payment to Fax number: 086 516 5380

Contact Details : (Ensure that the above information is correct. We use your spelling. We do not take responsibility for lost mail/incorrect info.) Please make use of Print letter.

Surname :

Full Names :

Work Phone :

Current Registered Physical Address :

City/Town :

Mobile Phone :

Fax :

Email :

Current Registered Postal Address :

City/Town :

Code :

Close Corporation Name : _____

Close Corporation CK NUMBER : _____

CC Name Change

Change CC Name :

No Change :

Only fill this is if you are changing the name of your CC. Supply us with 5 possible names in your order of preference:

CC Name 1 : _____

CC Name 2 : _____

CC Name 3 : _____

CC Name 4 : _____

CC Name 5 : _____

Please describe your intended business briefly:

Change Description :

No Change :

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Change Registered Physical Address of business to :

No Change :

Change Registered Postal Address of business to :

No Change :

Member details:

Please complete the member details without using abbreviations.
Your CC may have between 1 and 10 members.

NOTES :

How to list members

1. Member's who will **remain the same** – Fill in existing member's details and tick the "Existing" box.
2. If you would like to **add a new member** to the CC – Fill in new member's details and tick the "Add" box.
3. If you would like to **remove a member** from the CC - Fill in the member's details and tick the "Remove" box.
4. If you would like to **amend/change an existing member's details** for e.g. his/her Contribution, or Interest Percentage % or postal or residential addresses – Fill in **new** details and tick the "Amend" box.

You may **only tick one box**. You must tick a box for every member. All member's must be listed.

In Summary :

For those who are leaving "Remove" box must be ticked.
For those who are coming on board "Add" Box must be ticked.
For those whose membership will continue **unchanged** "Existing" box must be ticked.
For those whose recorded membership details will be changed "Amend" must be ticked and the **NEW amended details** must be written in the member space.

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Member details

Add: / **Remove:** / **Existing:** / **Amend:**

Member Surname: _____

Full Names : _____

Identity No : _____

Member's Interest % : _____

Contribution : R_____

Residential Address : _____

Postal Address : _____

Add: / **Remove:** / **Existing:** / **Amend:**

Member Surname: _____

Full Names : _____

Identity No : _____

Member's Interest % : _____

Contribution : R_____

Residential Address : _____

Postal Address : _____

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Add: / **Remove:** / **Existing:** / **Amend:**

Member Surname: _____

Full Names : _____

Identity No : _____

Member's Interest % : _____

Contribution : R_____

Residential Address : _____

Postal Address : _____

Add: / **Remove:** / **Existing:** / **Amend:**

Member Surname: _____

Full Names : _____

Identity No : _____

Member's Interest % : _____

Contribution : R_____

Residential Address : _____

Postal Address : _____

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Amend:

Member Surname: _____

Full Names : _____

Identity No : _____

Member's Interest % : _____

Contribution : R _____

Residential Address : _____

Postal Address : _____

Please Note : Member's contribution percentage must add up to 100% E.g. if there are three members : Member 1 : 33.3% , Member 2 : 33.3% , Member 3 : 33.4% therefore
Member 1 + Member 2 + Member 3 = 100%

Accounting Officer Information(Tick **only one box** below and fill in the corresponding details)

1. Do not change my accounting officer – here are his details below. :
2. I want to change to the Sebenza Business Solutions free Accounting Officer, leave section below blank :
3. I want to change to another Accounting Officer, I will specify his/her details below :

Name of Accounting Officer :

Profession :

Practice Number : _____

Telephone : _____

E-mail: _____

Postal Address : _____

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I / We the undersigned hereby appoint Mr. C. J. Roos/ SBS, to register on my / our behalf a Close Corporation with the name

(Do not complete _____
or any other name that the registrar of Close Corporations may approve, to sign the CK1 / CK2 / CK2A / CK6 forms and to do anything necessary or expedient to the registration of, or amendment to, the Close Corporation.

Member	Full Name	ID Number	Signature	% Percentage
1				
2				
3				
4				
5				
6				
7				

Signed at (place): _____

Date: _____

PLEASE SIGN WITH A BLACK PEN & POST TO: P.O. Box 14527, Hatfield, 0028

Please make sure that the signed Power of Attorney reaches us as soon as possible.
The registration of your CC will be delayed if you delay the delivery of this form.