

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

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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www.sebusol.co.za – Close Corporation Registration Forms

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

Contact Details : (Ensure that the 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 :

Registered Physical Address :

City/Town :

Mobile Phone :

Fax :

Email :

Registered Postal Address :

City/Town :

Code :

Close Corporation information:

New CC: Please supply us with 6 possible CC 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:

Member details:

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

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Member No 1

Surname : _____

Full Names : _____

Identity No : _____

Member's Interest % : _____

Contribution : R_____

Residential Address : _____

Postal Address : _____

Member No 2

Surname : _____

Full Names : _____

Identity No : _____

Member's Interest % : _____

Contribution : R_____

Residential Address : _____

Postal Address : _____

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Member No 3

Surname : _____

Full Names : _____

Identity No : _____

Member's Interest % : _____

Contribution : R_____

Residential Address : _____

Postal Address : _____

Member No 4

Surname : _____

Full Names : _____

Identity No : _____

Member's Interest % : _____

Contribution : R_____

Residential Address : _____

Postal Address : _____

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Member No 5

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%
Member 1 + Member 2 + Member 3 = 100%

Accounting Officer Information (Leave blank if you want our FREE accounting officer letter worth R200)

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.