

# GENTLE PASSAGE ITS AND MEDIA CC

Reg. No.: 2004/084262/23

FOR ATTENTION: \_\_\_\_\_

DATE: \_\_\_\_\_ NUMBER OF PAGES: \_\_\_\_\_

POSTAL : P.O. Box 3705 Pretoria 0001.  
OFFICE: 7 Koekemoer Street,  
The Orchards x11, Akasia, 0182.

Tel: 087 805 7286  
Fax: 086 721 5334  
Cell: 076 122 3033  
E-mail: [info@gentlepassage.co.za](mailto:info@gentlepassage.co.za)  
Website: [www.gentlepassage.co.za](http://www.gentlepassage.co.za)

## IMPORTANT INFORMATION REGARDING THE MODIFICATION OF THE COMPANY

1. Complete the attached document. Please ensure that the **Power of Attorney forms are completed on normal paper and not fax paper and completed by each member of the Company including the resigning member.**
2. A full payment is required to cover the stamp duties before any documents can be lodged with the Registrar of Company. This payment must be paid into the following account, or as per arrangements.

Fax or email proof of payment to: **086 224 4186** or [gentlepassage@telkomsa.net](mailto:gentlepassage@telkomsa.net)

Bank	<b>FNB</b>
Account Type	<b>BUSINESS CHEQUE ACCOUNT</b>
Account Name	<b>GENTLE PASSAGE ITS AND MEDIA</b>
Account No.	<b>62140551434</b>
Branch Code	<b>251445</b>
Branch Name	<b>PRETORIA – CHURCH SQUARE</b>

3. The fully completed document can be faxed; the originally signed Power of Attorney is required (Last page of the form), For speedy processing please fax the forms, we will call you to arrange how we get the original Power of Attorney (The last page of the form). The registration process will begin as soon as we receive the confirmation of payment, completed faxed form and copy of ID(s) for new/old members. Remember every member, must each sign his/her own pages of Power of Attorney's **including the resigning member** (Make copies of the last page of the form).

**Overnight or One day delivery cost R35.00 at the Post Office. Please make use of this service to send your Power Of Attorney document(s) if you are outside Pretoria and you are in hurry for your Company Certificate.**

4. **NOTE** that no registration numbers, Founding Statements or copies will be supplied unless proof of payment of the balance has been supplied. We will email or post your business certificate to you.

### **Strictly For Office Use**

DATE	PAYMENT	INVOICE NO	CLIENT CODE
DATE	PAYMENT	INVOICE NO	

**INFORMATION REQUIRED FOR FOUNDING OF THE COMPANY**

This form must be completed in capital letters.

**A. INFORMATION REQUIRED I.R.O THE COMPANY**

<b>Name of the Company:</b>			
<b>Registration Number:</b>			
<b>Postal address and code of the Company:</b>			
<b>Street address and code of the Company:</b>			
<b>Tel no and code:</b>		<b>Fax no and code:</b>	
<b>Cell no:</b>		<b>E-mail address:</b>	

**B. INFORMATION REQUIRED I.R.O EACH MEMBER OF THE COMPANY**

All members' information must be provided including the resigning members.

**MEMBER 1**

<b>Full name and surname:</b>			
<b>Identity Number:</b>			
<b>Position in Company:</b>			
<b>Residential Address and Code:</b>			
<b>Postal Address and Code:</b>			
<b>Contact Number:</b>			
<b>Email Address:</b>			

**MEMBER 2**

<b>Full name and surname:</b>			
<b>Identity Number:</b>			
<b>Position in a Company:</b>			
<b>Residential Address and Code:</b>			
<b>Postal Address and Code:</b>			
<b>Contact Number:</b>			
<b>Email Address:</b>			

**MEMBER 3**

<b>Full name and surname:</b>			
<b>Identity Number:</b>			
<b>Position in a Company:</b>			
<b>Residential Address and Code:</b>			
<b>Postal Address and Code:</b>			
<b>Contact Number:</b>			
<b>Email Address:</b>			

<b>C. COSTS</b>			
	<b>COSTS</b>	<b>STAMP DUTIES</b>	<b>TOTAL</b>
R600.00 member removal/addition or any changes			
R850.00 Name Change			

**D. I HEREBY INSTRUCT GENTLE PASSAGE ITS AND MEDIA CC SERVICES TO MAKE CHANGES TO THE ABOVE COMPANY AND ACCEPT THE RESPONSIBILITY TO PAY ALL THE COSTS INVOLVED AND TAKE NOTE OF PARAGRAPH 5 OF THE ABOVE COVER LETTER.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

NOTE: TERMS STRICTLY COD

All members of the company must each complete his/her own page,  
PLEASE complete using the BLACK pen.

**CIPC - POWER OF ATTORNEY**

I (Full names and surname) \_\_\_\_\_

\_\_\_\_\_

residing at (residential address) \_\_\_\_\_

\_\_\_\_\_

hereby authorize Bafana Skosana / Sbongile Skosana

to sign the Memorandum Incorporation of:

\_\_\_\_\_

or any other reserved name, on my behalf as a member.

Signed at (place) \_\_\_\_\_ on this (day) \_\_\_\_\_

of (month) \_\_\_\_\_ 20\_\_.

**MEMBER:**

**WITNESSES:**

\_\_\_\_\_  
(Signature)

1. \_\_\_\_\_  
(Signature)

2. \_\_\_\_\_  
(Signature)

All members of the Company must each complete this page, PLEASE complete using BLACK pen.

**SARS - POWER OF ATTORNEY**

I (Full names and surname) \_\_\_\_\_

\_\_\_\_\_

residing at (residential address) \_\_\_\_\_

\_\_\_\_\_

hereby authorize Bafana Skosana and Sbongile Skosana

to sign the Memorandum of Incorporation of:

\_\_\_\_\_

for Income Tax / VAT with SARS, on my behalf as a member.

Signed at (place) \_\_\_\_\_ on this (day) \_\_\_\_\_

of (month) \_\_\_\_\_ 20\_\_.

**MEMBER:**

\_\_\_\_\_  
(Signature)

**WITNESSES:**

1. \_\_\_\_\_  
(Signature)

2. \_\_\_\_\_  
(Signature)