

GENTLE PASSAGE ITS AND MEDIA CC.

REG NR. 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.

Office: 087 805 7286

Fax: 086 721 5334

Cell: 076 122 3033

E-mail: info@gentlepassage.co.za

Website: www.gentlepassage.co.za

IMPORTANT INFORMATION REGARDING THE REGISTRATION OF A COMPANY

1. Complete the attached document. Please ensure that the **Power of Attorney forms are completed by each member of the Company.**

Costs R850 for :

- **Company Registration**

2. A deposit of 50% is required to cover the stamp duties before any documents can be lodged with the Registrar of Company. This deposit (as well as the later balance) must be paid into the following account, or as per arrangements.

Fax proof of payment to: **086 721 5334** or email to gentlepassage@telkomsa.net

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

4. The fully completed document can be faxed; the originally signed Power of Attorney (Last page of this form), the originally signed appointment letter of an Accounting Officer (if you want to appoint someone specific) and the proof of payment of the deposit must be posted to us to our **POSTAL ADDRESS**. 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 this form). The registration process will begin as soon as we receive the confirmation of deposit (R400.00), completed faxed form and certified copy of ID(s). Remember if more than one member, each must sign his/her Power of Attorney's (Make copies of the last page of this form).

Overnight or One day delivery at the Post Office/Service carriers. Please make use of this service to send your Power Of Attorney and certified copy of ID document(s) if you are outside Pretoria and you are in a hurry for your Company Certificate.

5. When the registration is finalized, you will be contacted for the payment of the balance. **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.

I want to thank you for your support and undertake to ensure a professional service to all our clients!

INFORMATION REQUIRED FOR THE FOUNDING OF A COMPANY

This form must be completed in capital letters.

A. INFORMATION REQUIRED I.R.O THE COMPANY

Name of Company:	1.		
(in order of preference)	2.		
	3.		
	4.		
Description of the principal business:			
Postal address and code of the Company:			
Street address and code of the Company:			
Tel no and code:		Fax no and code:	
Cell no:		E-mail address:	

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

MEMBER 1

Full name and surname:	
Identity Number:	
Residential Address and Code:	
Postal Address and Code:	
Contact Number:	
Email Address:	

MEMBER 2

Full name and surname:	
Identity Number:	
Residential Address and Code:	
Postal Address and Code:	
Contact Number:	
Email Address:	

MEMBER 3

Full name and surname:	
Identity Number:	
Residential Address and Code:	
Postal Address and Code:	
Contact Number:	
Email Address:	

MEMBER 4 (More members, please use separate page to provide this details)

Full name and surname:	
Identity Number:	
Residential Address and Code:	
Postal Address and Code:	
Contact Number:	
Email Address:	

DIRECTORS

Please supply name and surname of members appointed as directors	
Name and Surname	Date Appointed

C. COSTS			
	COSTS	STAMP DUTIES	TOTAL
Reservation of name CoR 9.1	R225-00	R175-00	R400-00
Founding Statement CoR 15.1A	R300-00	R150-00	R450-00
			R850-00

D. I HEREBY INSTRUCT GENTLE PASSAGE ITS AND MEDIA cc. SERVICES TO REGISTER 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 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 Mr. Bafana Skosana and Mrs. Sbongile Skosana
to sign the Memorandum of 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)