

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
Website: www.gentlepassage.co.za

IMPORTANT INFORMATION REGARDING THE MODIFICATION OF A CLOSE CORPORATION

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 CC including the resigning member.**
2. A deposit of 100% is required to cover the stamp duties before any documents can be lodged with the Registrar of Close Corporations. It must be paid into the following account, or as per arrangements.

Fax or email proof of payment to: **086 721 5334** or info@gentlepassage.co.za

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

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 deposit (100%), completed faxed form and copy of ID(s) for new/old members. Remember every member, must each sign his/her own page of Power of Attorney **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 Close Corporation Certificate.

4. 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.

Strictly For Office Use

DATE	PAYMENT	INVOICE NO	CLIENT CODE
DATE	PAYMENT	INVOICE NO	

INFORMATION REQUIRED FOR THE FOUNDING OF A CLOSE CORPORATION

This form must be completed in capital letters.

A. INFORMATION REQUIRED I.R.O THE CLOSE CORPORATION

Name of Corporation:			
Registration Number			
Postal address and code of the Corporation:			
Street address and code of the Corporation:			
Tel no and code:		Fax no and code:	
Cell no:		E-mail address:	

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

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

NB: If the member is resigning put zero (0) in both (%) and (R) fields.

MEMBER 1

Full name and surname:			
Identity Number:			
Size of interest (%):		Member Contribution (R):	
Residential Address and Code:			
Postal Address and Code:			
Contact Number:			
Email address:			

MEMBER 2

Full name and surname:			
Identity Number:			
Size of interest (%):		Member Contribution (R):	
Residential Address and Code:			
Postal Address and Code:			
Contact Number:			
Email Address:			

MEMBER 3

Full name and surname:			
Identity Number:			
Size of interest (%):		Member Contribution (R):	
Residential Address and Code:			
Postal Address and Code:			
Contact Number:			
Email Address:			

C. COSTS			
	COSTS	STAMP DUTIES	TOTAL
R500.00 per member removal/Addition or any other change.			
R650.00 Name Change			

D. I HEREBY INSTRUCT GENTLE PASSAGE ITS AND MEDIA CC SERVICES TO MAKE CHANGES TO THE ABOVE CLOSE CORPORATION 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 Bafana Skosana / Sbongile Skosana

to sign the **FOUNDING STATEMENT** of the **CLOSE CORPORATION**:

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

Signed at (place) _____ on this (day) _____

of (month) _____ 20__.

MEMBER:

(Signature)

WITNESSES:

1. _____
(Signature)

2. _____
(Signature)

All members of the CC 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 registered the CLOSE CORPORATION _____

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

Signed at (place) _____ on this (day) _____

of (month) _____ 20__.

MEMBER:

WITNESSES:

(Signature)

1. _____
(Signature)

2. _____
(Signature)