



## ANNEXURE F

### Non Profit Company Registration

The following documents will be required in order to do the registration

- **“PARTICULARS OF NEW COMPANY”**
- **“DIRECTORS INFORMATION”- MUST BE AT LEAST 3 DIRECTORS/MEMBERS – for each and every new Director**
- **SIGNED “POWER OF ATTORNEY” DOCUMENTS FOR EACH AND EVERY NEW DIRECTOR/MEMBER**
- **CERTIFIED COPIES OF THE IDENTITY DOCUMENT OF EACH OF THE NEW DIRECTOR(S)/MEMBER**
- **PROOF OF PAYMENT**

#### NOTE (a)

**Please note that the name of the company must be descriptive of its principal business/trade activity. If related to another Company a Manual Name Reservation should be lodged and is there additional documentation required. Should your proposed names not be reserved a new application will have to be made at additional costs.**

The documents must be delivered to our offices:

**338 BRAAM PRETORIUS STREET  
MAGALIESKRUIJN  
0182**

Or posted to:

**P O BOX 908125  
MONTANA  
0151**

#### PAYMENTS TO BE MADE TO

ACCOUNT NAME	:	FIRST FOR BUSINESS REGISTRATION SOLUTIONS (PTY) LTD
BANK	:	FNB
ACCOUNT NUMBER	:	6236 2540 603
BRANCH	:	ZAMBESI DRIVE
BRANCH CODE	:	230145

## **PARTICULARS OF NON PROFIT COMPANY**

**PROPOSED NEW NAME (PROVIDE 4 NAMES IN ORDER OF PREFERENCE) - PLEASE SEE NOTE (a)**

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

**MAIN OBJECTIVE OF COMPANY** :

\_\_\_\_\_

\_\_\_\_\_

**REGISTERED ADDRESS** :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POSTAL ADDRESS** :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE OF INCORPORATION** :

\_\_\_\_\_

**FINANCIAL YEAR END** :

\_\_\_\_\_

# DIRECTORS INFORMATION

(THIS FORM MUST BE COMPLETED BY EACH NEW DIRECTOR)

FULL NAMES : \_\_\_\_\_

SURNAME : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

IDENTITY NUMBER : \_\_\_\_\_

PASSPORT NUMBER : \_\_\_\_\_

COUNTRY OF ISSUE : \_\_\_\_\_

RESIDENTIAL ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BUSINESS ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTAL ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CELLPHONE NUMBER : \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

OCCUPATION : \_\_\_\_\_

SOUTH AFRICAN RESIDENT : YES / NO

**POWER OF ATTORNEY FOR REGISTERING A NON PROFIT COMPANY**  
**FROM INCORPORATOR ACTING ON BEHALF OF COMPANY**

I, the undersigned

\_\_\_\_\_

ID NO : \_\_\_\_\_

being desirous of registering a Non Profit company

\_\_\_\_\_

(Approved name)

do hereby nominate, constitute and appoint:

**YOLANDE HENNING with full power of substitution, to be my lawful agent in my name, place and stead;**

**To deliver to the Registrar of Companies, the Original CoR14.1, CoR15.1C and CoR15.1D or CoR15.1E or any other documents or forms that may be required to register a new company.**

**To make such amendment, addition or alternation to the Original CoR14.1, CoR15.1C and CoR15.1D or CoR15.1E or such other documents and forms which my said agent may deem fit or which may be required by the Registrar of the Companies and to initial and sign as may be required, each of such amendments, additions or alterations, and also to sign the Original CoR14.1, CoR15.1C and CoR15.1D or CoR15.1E.**

Signed at \_\_\_\_\_ on this \_\_\_\_<sup>th</sup> day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_

(Signature of Director / Member)

