



ANNEXURE G

PERSONAL LIABILITY COMPANY (INC) REGISTRATION

The following documents will be required in order to do the COR 15.1 registration

- **“PARTICULARS OF NEW COMPANY”**
- **“INCORPORATORS INFORMATION”**
- **“DIRECTORS INFORMATION” – for each and every new Director**
- **SIGNED “POWER OF ATTORNEY” DOCUMENTS**
- **CERTIFIED COPIES OF THE IDENTITY DOCUMENT OF THE INCORPORATOR**
- **CERTIFIED COPIES OF THE IDENTITY DOCUMENT OF EACH OF THE NEW DIRECTOR(S)**
- **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
MAGALIESKRUIN
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 NEW COMPANY

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

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

PRINCIPAL BUSINESS : _____

PHYSICAL ADDRESS : _____

POSTAL ADDRESS : _____

DATE OF INCORPORATION : _____

FINANCIAL YEAR END : _____

INCORPORATOR'S INFORMATION

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

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 NEW PERSONAL LIABILITY COMPANY
FROM INCORPORATOR ACTING ON BEHALF OF COMPANY

I, the undersigned

ID NO : _____

being desirous of registering the 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, CoR14.1A and CoR15.1B 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, CoR14.1A and CoR15.1B 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, CoR14.1A and CoR15.1B.

Signed at _____ on this ___th day of _____ 20__.

(Signature Incorporator)