

APPLICATION: NEW COMPANY

COMPANY PARTICULARS

PROPOSED NAME OF COMPANY

PLEASE PROVIDE 4 NAMES IN ORDER OF PREFERENCE (1 Being the most preferred and 4 the least preferred)

1

2

3

4

Business Object (what is your business going to do): _____

Physical/registered Address

Street/unit nr:	Street/Unit name:
Suburb:	
Town:	Postal Code:
Province:	

Postal Address

If same as street address

☐ yes

tick box

Post Office:	
Town:	Postal Code:
Province:	

E mail address

Tel Nr:

DIRECTOR ☐ **OR SHAREHOLDER OR** ☐ **BOTH** ☐

Surname/Co/Trust: _____ % Shareholding

First names: _____

ID NR

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Business Address

Street/unit nr:	Street/Unit name:
Suburb:	
Town:	Postal Code:
Province:	

Residential Address

Street/unit nr:	Street/Unit name:
Suburb:	
Town:	Postal Code:
Province:	

Postal Address If same as above tick box ☐ yes

Post Office:	
Town:	Postal Code:
Province:	

E mail address: _____

Occupation:	Nationality:
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Tel Nr:	Cell Nr:
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Fax Nr: _____

How Many Directors How Many Shareholders

** If your Company will have more than 1 director or shareholder, please complete a page for each.

DIRECTOR ☐ **OR SHAREHOLDER OR** ☐ **BOTH** ☐

Surname/Co/Trust: _____ **% Shareholding**

First names: _____

ID NR

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Business Address

Street/unit nr:	Street/Unit name:
Suburb:	
Town:	Postal Code:
Province:	

Residential Address

Street/unit nr:	Street/Unit name:
Suburb:	
Town:	Postal Code:
Province:	

Postal Address If same as above tick box ☐ yes

Post Office:	
Town:	Postal Code:
Province:	

E mail address: _____

Occupation:	Nationality:
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Tel Nr:	Cell Nr:
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Fax Nr: _____