

OAK BUSINESS SUPPORT AND CONSULTING
41 DEKORTE ST, BRAAMFONTEIN, JOHANNESBURG,
TEL/FAX 011-4033889, EMAIL: info@oakbusiness.co.za

APPLICATION FOR REGISTRATION OF CLOSE CORPORATION

PROPOSED NAME IN OF PREFERENCE

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)

ANY TRANSLATED NAME OR SHORTENED FORM

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)

PRINCIPAL BUSINESS OF THE CORPORATION/PROPOSED CORPORATION

.....
.....

POSTAL ADDRESS OF THE CORPORATION:

.....

REGISTERED ADDRESS OF THE CORPORATION:

.....

NUMBER OF MEMBERS:

DATE OF FINANCIAL END.....

DETAILS OF MEMBERS:

SURNAME.....

OTHER NAMES.....

PERCENTAGE/CONTRIBUTION:.....

I D NO:

POSTAL ADDRESS:

.....POSTAL CODE.....

RESIDENTIAL ADDRESS.....

.....POSTAL CODE.....

DETAILS OF MEMBERS:

SURNAME.....

OTHER NAMES.....

PERCENTAGE/CONTRIBUTION:.....

I D NO:

POSTAL ADDRESS:

.....POSTAL CODE.....

RESIDENTIAL ADDRESS.....

.....POSTAL CODE.....

DETAILS OF MEMBERS:

SURNAME.....

OTHER NAMES.....

PERCENTAGE/CONTRIBUTION:.....

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PERCENTAGE/CONTRIBUTION:.....

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RESIDENTIAL ADDRESS.....

.....POSTAL CODE.....

DETAILS OF MEMBERS:

SURNAME.....

OTHER NAMES.....

PERCENTAGE/CONTRIBUTION:.....

I D NO:

POSTAL ADDRESS:

.....POSTAL CODE.....

RESIDENTIAL ADDRESS.....

.....POSTAL CODE.....

**POWER OF ATTORNEY
FOR A CLOSE CORPORATION**

I/WE, THE UNDERSIGNED,

Members:

(1) FULL NAME:

ID NO: Signature:

(2) FULL NAME:

ID NO: Signature:

(3) FULL NAME:

ID NO: Signature:

(4) FULL NAME:

ID NO: Signature:

(5) FULL NAME:

ID NO: Signature:

(6) FULL NAME:

ID NO: Signature:

(7) FULL NAME:

ID NO: Signature:

(8) FULL NAME:

ID NO: Signature:

(9) FULL NAME:

ID NO: Signature:

(10) FULL NAME:

ID NO: Signature:

I/We hereby appoint OAK Business Support and Consulting to register on my/Our behalf a Close Corporation with the nameCC or any other name that the Registrar of Close Corporation may approve, to determine my member's interest and contribution, to sign form CK1 and to do anything necessary or expedient to the registration of, or amendments (CK2/CK2A) to the Close Corporation.

Signed at (City).....this (Date)

Document Get filled in (BLACK INK) BY THE MEMBERS THEMSELVES ONLY THE MEMBER HIMSELF MAY SIGN THIS DOCUMENT).