



## **Private Company (Pty) Ltd & Non Profit Organisation (NPO) Registration Form**

**Please Complete, sign and return the registration form with certified ID copies of directors/members.**

Business Advisory Service Consultant: Mr. Kgomotso Seabelo

Service Centre Contact #: (087) 729 6612 / (081) 414 0029

Updated: 11-Aug-2025 6:57 PM

## NPO's Initial Director(s) & Incorporator(s) Personal Details

Director 1		Director 2		Director 3	
Name(s):		Name(s):		Name(s):	
Surname		Surname		Surname	
Nationality		Nationality		Nationality	
Date of Birth		Date of Birth		Date of Birth	
I.D/Passport #		I.D/Passport #		I.D/Passport #	
Physical Address		Physical Address		Physical Address	
Postal Address	Postal Code: <input style="width: 100px;" type="text"/>	Postal Address	Postal Code: <input style="width: 100px;" type="text"/>	Postal Address	Postal Code: <input style="width: 100px;" type="text"/>
	Postal Code: <input style="width: 100px;" type="text"/>		Postal Code: <input style="width: 100px;" type="text"/>		Postal Code: <input style="width: 100px;" type="text"/>
Cell		Cell		Cell	
Fax		Fax		Fax	
Email		Email		Email	
Shares Percentage		Shares Percentage		Shares Percentage	

  

Director 4		Director 5		Director 6	
Name(s):		Name(s):		Name(s):	
Surname		Surname		Surname	
Nationality		Nationality		Nationality	
Date of Birth		Date of Birth		Date of Birth	
I.D/Passport #		I.D/Passport #		I.D/Passport #	
Physical Address		Physical Address		Physical Address	
Postal Address	Postal Code: <input style="width: 100px;" type="text"/>	Postal Address	Postal Code: <input style="width: 100px;" type="text"/>	Postal Address	Postal Code: <input style="width: 100px;" type="text"/>
	Postal Code: <input style="width: 100px;" type="text"/>		Postal Code: <input style="width: 100px;" type="text"/>		Postal Code: <input style="width: 100px;" type="text"/>
Cell		Cell		Cell	
Fax		Fax		Fax	
Email		Email		Email	
Shares Percentage	20.00%	Shares Percentage	20.00%	Shares Percentage	

Complete all directors / members information, and indicate the company shares allocations for each director.

## NPO DETAILS

NPO DETAILS		
List 4 Suggested Co-operative's names, in order of preference. (Most preferred name first)	Address of Registered Office	
1		
2		
3		
4		
	Postal Code: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>	

  

Total Number of authorised Shares? (use a tick to indicate)	<b>100</b>	<b>1000</b>	Postal Address
Financial Year End (Indicate month only): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>			
			Postal Code: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span>

  

Telephone	
Fax	
Cellphone	
Email	
Tollfree	
Website	

  

Business Account (Tick)	<b>ABSA</b>	
	<b>FNB</b>	
	<b>NEDBANK</b>	

Indicate below all the additional services you require on registration by filling in:		YES	NO	Comment
1	Shares Certificates			
2	BBBEE / EME			
3	Income Tax Registration			
4	Tax Clearance Certificate - Tender			
5	Tax Clearance Certificate - Good-Standing			
6	Generic Company Profile			
7	Corporate Identity (LOGO Design, 3x samples)			
8	Letterhead, Quotation, Invoice & Receipt Templates			
9	Business Account			
10	Department of Treassury - Centralised Supplier Database Registration			
Comment(s): <span style="border: 1px solid black; display: inline-block; width: 100%; height: 1.2em;"></span>				

Complete all the fields and ensure to leave no blank spaces



## SPECIAL POWER OF ATTORNEY

I, the undersigned, \_\_\_\_\_ (Full names and surname of client)

Identity No: \_\_\_\_\_

do hereby nominate, constitute and appoint

**Business Administration Service Consultants (PTY) Ltd**

(Full names of consultant)

Registration number: \_\_\_\_\_ of,

Who is registered, and has an online profile with Department of Labour (DoL) Username/Identity Number: \_\_\_\_\_ and **CIPC with Customer Code: BSMNC1** With power of substitution to be my lawful Agent, representative and proxy in my name, place and stead, to:-

- 1) to **register a company** with **CIPC, SARS** and the **DoL** for Compensation for Occupational Injuries and Diseases
  - 2) to **draft any form or document required in relation to the registration**, amendment or conversion of a company or close corporation (including the Memorandum of Incorporation, CoR forms, amendments and/or annexures) and **submit them on my behalf to obtain all relevant compliance documentation;**
  - 3) to change and/or correct any such form or document;
  - 4) to **lodge all the documentation** for the incorporation and registration of a company with **CIPC, SARS** and or **DoL**, either in physical or electronic format. and generally for effecting the purposes aforesaid,
- to do or cause to be done whatsoever shall be requisite, as fully and effectually, for all intents and purposes, as I might or could do if personally present and acting herein, hereby ratifying, allowing and confirming and promising and agreeing to ratify, allow and confirm all and whatsoever our said Agent, attorney, representative and proxy shall lawfully do or cause to be done, by virtue of these presents.

I note that in terms of Section 6(12)(b) of the Act, where a separate duplicate original of this document, is signed in person, or by a manner provided for in the Electronic Communications and Transactions Act, the several signed duplicate originals, when combined, will constitute the entire document. This special power of attorney is legally effective where each person signs a separate duplicate original of it.

Dated at \_\_\_\_\_ on this day \_\_\_\_\_ (date) of \_\_\_\_\_ (month) 2025

<b>As witness:</b>		
	(Witness 1 Name & Surname)	
	(Witness 2 Name & Surname)	
		<b>Client Signature</b>

## NEW COMPANY & NPO REGISTRATION CHECKLIST

Please make sure that you provide us with the following to ensure a smooth registration process:

REQUIREMENT / INSTRUCTION		Please Tick applicable box		
1	Recently Certified I.D Copy of each director of the company. (For smart cards, ensure to scan both sides)	YES	NO	N/A
2	Proof of Address for each director, original or certified copy	YES	NO	N/A
3	Proof of address for the company, if different from directors addresses	YES	NO	N/A
4	All Directors listed with all the information required, including the number of shares to allocate each director?	YES	NO	N/A
5	Company details page completed, and no empty spaces left where applicable?	YES	NO	N/A
6	Are all required supporting documents of the company ticked for inclusion on registration?	YES	NO	N/A
7	Is the POA - Power of attorney completed and signed on all the green highlighted areas only?	YES	NO	N/A

**All the company directors/members must sign below:**

Director - 1
Initials & Surname: _____
Signature: _____
Date: _____
Director - 4
Initials & Surname: _____
Signature: _____
Date: _____

Director - 2
Initials & Surname: _____
Signature: _____
Date: _____
Director - 5
Initials & Surname: _____
Signature: _____
Date: _____

Director - 3
Initials & Surname: _____
Signature: _____
Date: _____
Director - 6
Initials & Surname: _____
Signature: _____
Date: _____