



We deliver *fast* no matter where in SA you are!

QuickCC
CK 2006/126920/23
Tel : 031 500 7390 Cell : 078 624 5136
E-mail : info@quickcc.co.za
Web : <http://www.quickcc.co.za>

Company / CC Amendment

Document + Member Requirements

1. Please scan and email us clear, certified copies of each director's **ID document / Passport**.
2. All directors must sign the **Limited Power of Attorney** (Last page).
3. Prepare for the timelines as follows :
 - Name reservation 1-2 days.
 - Final amended documents will be ready in 7 - 10 days.
4. We are bound by timelines at CIPC – please note that the time is reliably set at 2 weeks currently. The conditions will probably improve, but *may* sometimes worsen depending on what is happening at the Dti.

NAME OF CC/ COMPANY : _____

COMPANY NUMBER : _____

Cost :
R585 for director changes OR
R835 if you wish to change directors, and change the
name of the entity permanently.



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PART A: COMPANY INFORMATION SHEET – Fill in this part if you would like to change the registered name of the company.

[] CHANGE NAME OF PTY / CLOSE CORPORATION

1. NEW NAME 1 : _____

2. NEW NAME 2 : _____

3. NEW NAME 3 : _____

4. NEW NAME 4 : _____

[] CHANGE REGISTERED PHYSICAL ADDRESS:

_____ PROVINCE : _____

POSTAL CODE: _____

[] CHANGE POSTAL ADDRESS:

_____ POSTAL CODE : _____

TEL : _____

MOBILE : _____

FAX : _____

E-MAIL : _____

[] CHANGE BUSINESS DESCRIPTION : Please briefly describe the intended business. Eg **Catering, Food Supplies, Restaurant**



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PART B: DIRECTOR(S) INFORMATION SHEET : Enter director information.

Indicate whether NEW director is being added, EXISTING director being edited or RESIGNING director being removed. All directors must be listed.

DIRECTOR 1 <input type="checkbox"/> ADD NEW <input type="checkbox"/> RESIGNING <input type="checkbox"/> EXISTING DIRECTOR
--

1. SURNAME: _____
2. FORENAMES: _____
3. SA IDENTITY / PASSPORT NUMBER: _____

ADDRESSES

4. RESIDENTIAL ADDRESS: _____
_____ POSTAL CODE: _____

5. BUSINESS ADDRESS: _____
_____ POSTAL CODE: _____

6. POSTAL ADDRESS: _____
_____ POSTAL CODE: _____

7. NATIONALITY: _____

8. OCCUPATION: _____

9. E-MAIL: _____

10. CONTACT NUMBERS: Tel: _____

Cell: _____

Membership Percentage : _____ in the case of a close corporation.



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DIRECTOR 2 [] ADD NEW [] RESIGNING [] EXISTING DIRECTOR

1. SURNAME: _____

2. FORENAMES: _____

3. SA IDENTITY / PASSPORT NUMBER: _____

ADDRESSES

4. RESIDENTIAL ADDRESS: _____

_____ POSTAL CODE: _____

5. BUSINESS ADDRESS: _____

_____ POSTAL CODE: _____

6. POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

7. NATIONALITY: _____

8. OCCUPATION: _____

9. E-MAIL: _____

10. CONTACT NUMBERS: Tel: _____

Cell: _____

Membership Percentage : _____ in the case of a close corporation.



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DIRECTOR 3 [] ADD NEW [] RESIGNING [] EXISTING DIRECTOR

1. SURNAME: _____
2. FORENAMES: _____
3. SA IDENTITY / PASSPORT NUMBER: _____

ADDRESSES

4. RESIDENTIAL ADDRESS: _____
_____ POSTAL CODE: _____

5. BUSINESS ADDRESS: _____
_____ POSTAL CODE: _____

6. POSTAL ADDRESS: _____
_____ POSTAL CODE: _____

7. NATIONALITY: _____

8. OCCUPATION: _____

9. E-MAIL: _____

10. CONTACT NUMBERS: Tel: _____

Cell: _____

Membership Percentage : _____ in the case of a close corporation.



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DIRECTOR 4 [] ADD NEW [] RESIGNING [] EXISTING DIRECTOR

1. SURNAME: _____
2. FORENAMES: _____
3. SA IDENTITY / PASSPORT NUMBER: _____

ADDRESSES

4. RESIDENTIAL ADDRESS: _____
_____ POSTAL CODE: _____

5. BUSINESS ADDRESS: _____
_____ POSTAL CODE: _____

6. POSTAL ADDRESS: _____
_____ POSTAL CODE: _____

7. NATIONALITY: _____

8. OCCUPATION: _____

9. E-MAIL: _____

10. CONTACT NUMBERS: Tel: _____

Cell: _____

Membership Percentage : _____ in the case of a close corporation.



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DIRECTOR 5 [] ADD NEW [] RESIGNING [] EXISTING DIRECTOR

- 1. SURNAME: _____
- 2. FORENAMES: _____
- 3. SA IDENTITY / PASSPORT NUMBER: _____

ADDRESSES

- 4. RESIDENTIAL ADDRESS: _____
_____ POSTAL CODE: _____

- 5. BUSINESS ADDRESS: _____
_____ POSTAL CODE: _____

- 6. POSTAL ADDRESS: _____
_____ POSTAL CODE: _____

- 7. NATIONALITY: _____

- 8. OCCUPATION: _____

- 9. E-MAIL: _____

- 10. CONTACT NUMBERS: Tel: _____

Cell: _____

Membership Percentage : _____ in the case of a close corporation.



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LIMITED POWER OF ATTORNEY

I / We the undersigned hereby appoint Mr. A. Prahalath / Herman J Rall / to amend on my / our behalf a company / close corporation with the name

_____ or any other name that the Commission may approve, to sign the **CK2, CK2A, CoR 9.1** (Name Reservation), **CoR14.1** (Notice of Incorporation), **CoR 15.1A, B, C, D, E, COR39, COR44,** forms and to do anything necessary or expedient to the registration of, or amendment to, the Pty Ltd company or close corporation.

List all Directors below. Attach a new form if number exceeds 10 :

Member	Full Name	ID Number	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Date Signed : _____

Please sign in a black pen and scan and email to info@quickcc.co.za or fax to 0866 033 204.
