

QuickCC  
P. O. Box 61095  
Phoenix  
4080

**QUICKCC.CO.ZA**

CLOSE CORPORATIONS MADE EASY

QuickCC  
CK 2006/126920/23

Tel : 078 624 5136  
E-mail : [info@quickcc.co.za](mailto:info@quickcc.co.za)

## Registration Process

:: Step 1: Complete and submit the registration forms below.

:: Step 2: Please print and complete the **Power of Attorney** document attached to this e-mail. We need the original document as permission to sign all registration documents on your behalf. Please post the form to the following address:

### **DOCUMENTS WE REQUIRE TO PROCESS YOUR PTY LTD APPLICATION**

1. **LIMITED POWER OF ATTORNEY SIGNED**
2. **COPIES OF ID DOCUMENT OF EVERY DIRECTOR / SHAREHOLDER OF Pty Ltd**

**QuickCC, P.O. Box 61095, Phoenix, 4080**

:: Make sure that the signed Power of Attorney form reaches us as soon as possible. The registration of your company will be delayed if you delay the delivery of this form..

:: Step 3: Please pay your registration fee. We require a direct deposit to the following account:

Banking Details for Internet Transfer/Cash Deposit	
Account Name :	QUICKCC
Bank :	FNB
Account Number :	621 2708 1892
Branch Code :	220-926
Reference :	<b>Your First Pty Ltd Name</b>
Amount to Pay :	<b>R 950</b>
Proof of payment :	<b>Fax to 0866 033 204 / E-mail to <a href="mailto:info@quickcc.co.za">info@quickcc.co.za</a></b>

Use your **FIRST PTY NAME CHOICE** as Reference. All cheque deposits are subject to a 10 day clearance period. Please note that we will only start with the registration process after we have received your proof of payment.

Send your proof of payment to Fax: 0866 033 204 or E-mail: [info@quickcc.co.za](mailto:info@quickcc.co.za).

### **PRICES :**

**NEW Pty Ltd : R 950 (FULL SERVICE)**

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**QuickCC.co.za – Pty Ltd Private Company Registration Forms**

Complete the form below and fax along with your proof of payment to Fax number: 0866 033 204

**Contact Details** : (Ensure that the above information is correct. We use your spelling. We do not take responsibility for lost mail/incorrect info.)

Surname :

Full Names :

Work Phone :

Registered Physical Address :

City/Town :

Mobile Phone :

Fax :

Email :

Registered Postal Address :

City/Town :

Code :

**Company Information :**

**New Pty** : Please supply us with 4 possible Company names in your order of preference:

Pty Name 1 : \_\_\_\_\_

Pty Name 2 : \_\_\_\_\_

Pty Name 3 : \_\_\_\_\_

Pty Name 4 : \_\_\_\_\_

**Please describe your intended business briefly:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Director Details

**Please complete the Director details without using abbreviations.  
(A minimum of 1 Director is required ie The owner of the business.)**

#### **Director No 1**

Surname : \_\_\_\_\_

Full Names : \_\_\_\_\_

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

Member's Interest % : \_\_\_\_\_ Contribution : R\_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_ Code : \_\_\_\_\_

Postal Address : \_\_\_\_\_

\_\_\_\_\_ Code : \_\_\_\_\_

#### **Director No 2**

Surname : \_\_\_\_\_

Full Names : \_\_\_\_\_

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

Member's Interest % : \_\_\_\_\_ Contribution : R\_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_ Code : \_\_\_\_\_

Postal Address : \_\_\_\_\_

\_\_\_\_\_ Code : \_\_\_\_\_

**Please photocopy this form if you have more than 2 directors in your company and need more space to capture their information.**

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**Shareholder Details**

**I AM THE SOLE DIRECTOR AND SHAREHOLDER INVOLVED IN THIS BUSINESS.**

**If you are the only person involved in your company, you can leave this entire page blank.**

**Shareholder 1**

Surname : \_\_\_\_\_

Full Names : \_\_\_\_\_

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

Member's Interest % : \_\_\_\_\_ Contribution : R\_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Code : \_\_\_\_\_

Postal Address : \_\_\_\_\_

\_\_\_\_\_ Code : \_\_\_\_\_

**Shareholder 2**

Surname: \_\_\_\_\_

Full Names : \_\_\_\_\_

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

Member's Interest % : \_\_\_\_\_ Contribution : R\_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Code : \_\_\_\_\_

Postal Address : \_\_\_\_\_

\_\_\_\_\_ Code : \_\_\_\_\_

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**LIMITED POWER OF ATTORNEY**

I / We the undersigned hereby appoint Mr. A. Prahalath/ Herman J Rall, to register on my / our behalf a Pty Ltd company with the name

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

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

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

Please sign in a black pen and scan and email to [info@quickcc.co.za](mailto:info@quickcc.co.za) / Fax to 0866 033 204. The original form must reach : QUICKCC, PO BOX 61095, Phoenix, 4080