



SHELEV STATUTORY SERVICES (PTY) LTD

2013/199356/07
(previously MA Statutory Services)

1185 Collins Avenue, Moregloed, 0186
012 333 7526 / 061 537 8507

Jeremia 29:11 Plans to prosper and not to harm you

NOTICE OF DIRECTOR CHANGES OF COMPANY

Please ensure legibility as we do not accept responsibility of spelling mistakes due to illegible handwriting.

Full payment must be made before the application can be lodged with the Commission (CIPC) and must be paid into the following account:

Bank : **FNB**
Account holder : **MA Statutory Services**
Acc No : **6262 394 3124**
Branch Code : **270-553**
Reference : **(Your Co name)**

- **R750** (1-3 director changes) **R965** (more than 4 director changes)
- If a new director is a foreigner with only a passport, an extra fee of **R150 per person** must be added as a verification process must first be done for such individuals.

No other supporting documents other than clear and legible ID and or passport copies (if smart Card, both sides of the ID on 1 page) are needed for resignations and appointment.

If removals and deceased directors, also submit the minutes/resolutions and death certificates.

Please make sure that all affected directors (resigning/appointed/deceased) are aware of the following:

1. The CIPC will send 2 OTP'S to each affected director. One per sms and one per email.
2. On the email from Cipc will be a link that the director must use to enter both OTP'S and give their consent for the change to be affected.
3. All directors (affected and non-affected) will received the proposed changes as well as the approved certificate once it has been finalized.

INFORMATION REQUIRED FOR THE AMENDMENT OF DIRECTORS

Company Name:	
Company reg no:	

AFFECTED DIRECTOR 1

Surname:	
Full Names:	
Identity No (if not SA citizen, passport no & date of birth):	
Date of appointment/resignation/death:	
Residential Address and Code:	
Postal Address and Code:	
Nationality:	
* Cell no (compulsory):	
* Email Address (compulsory):	
Date and Nature of change (appointment/ resignation/death):	

AFFECTED DIRECTOR 2

Surname:	
Full Names:	
Identity No (if not SA citizen, passport no & date of birth):	
Date of appointment/resignation/death:	
Residential Address and Code:	
Postal Address and Code:	
* Cell no (compulsory):	
* Email address (compulsory):	
Date and Nature of change (appointment/ resignation/death):	

****- Please note that cellphone numbers and email address may NOT be duplicated. Each director must have his/her own unique cell number and email address (if applicable)***

PLEASE MAKE COPIES OF THIS PAGE FOR MORE DIRECTORS

POWER OF ATTORNEY

I/We, the undersigned,

(full names) _____ Signed _____

(full names) _____ Signed _____

(full names) _____ Signed _____

(full names) _____ Signed _____

(full names) _____ Signed _____

Do hereby mandate, nominate, constitute and appoint **MALINDA ALBERTSE/ THANJA ERASMUS** with power of substitution, to be my/our lawful agents in my/our name, place and stead,

1. To reserve a Company name indicated by me/us to my/our said agents or a name as close as possible to said indicated name in the sole discretion of my/our said agents, to complete such forms as may be necessary for the reservation of said name and to apply for the extension of such reservation when necessary, to vary and change said name in the event of the name not being acceptable to the Companies and Intellectual Property Commission;
2. To prepare, draw, compile and sign the Memorandum of Incorporation (MOI) of a Company to be formed using the said reserved name and to sign any other required forms or documents for the registration of said Company; to subscribe for shares on my/our behalf;

To lodge all necessary documentation with the Commission (CIPC);

3. To substitute, alter or amend any forms, documents, MOI, as may be necessary and required by the Commission for said registration;
4. To uplift and collect the MOI, the Certificate of Incorporation and all other said forms or documents from the Commission;
5. To regard this as instructions from myself/ourselves in my/our personal capacity/capacities, the cost of which is payable by me/us and generally for effecting the purposes aforesaid, to do or cause to be done whatsoever shall be requisite, as fully and effectively for all intents and purposes and I/we might or could do if personally present and acting herein – hereby ratifying, allowing and confirming and promising and agreeing ratify, allow and confirm all and whatsoever my/our said agents shall lawfully do or cause to be done by virtue of these presents.

Thus done and executed at (place) _____, on (date) _____, in the presence of these witnesses:

Witness 1 _____

Witness 2 _____