

Company Registration Application Form

First step of company registration is: **Name Reservation**

Fill up the form and send it back: Info1901mca@gmail.com

| PERSONAL DETAILS OF COMPANY DIRECTOR(S) | | | | |
|---|--|---|--|---------------------------------|
| First Director Details | | | | |
| First Name | Surname | ID Number | Nationality/ Country | Province |
| | | | | |
| TYPES OF DIRECTOR: | | | | |
| Tick into the box below type of director you are: | Director Tick here <input type="checkbox"/> | Non-Executive Tick here <input type="checkbox"/> | Alternate Director Tick here <input type="checkbox"/> | Appointment Date: __/__/20__ |
| ADDRESSES This addresses (for First Director) will be taken as company addresses; tick Yes <input type="checkbox"/> or No <input type="checkbox"/> | | | | |
| Physical Address (Compulsory) | | | Code: ____ | |
| Postal Address (optional) | | | Code: ____ | |
| Email Address (Compulsory) | | | | |
| Contact Number | (Cell phone): | | | |
| | | | | |
| Second Director Details | | | | |
| First Name | Surname | ID Number | Nationality/ Country | Province |
| | | | | |
| TYPES OF DIRECTOR: | | | | |
| Tick into the box below type of director you are: | Director Tick here <input type="checkbox"/> | Non-Executive Tick here <input type="checkbox"/> | Alternate Director Tick here <input type="checkbox"/> | Appointment Date: __/__/20__ |
| ADDRESSES This addresses (for Second Director) will be taken as company addresses; tick Yes <input type="checkbox"/> or No <input type="checkbox"/> | | | | |
| Physical Address (Compulsory) | | | Code: ____ | |
| Postal Address (optional) | | | Code: ____ | |
| Email Address (Compulsory) | | | | |
| Contact Number | (Cell phone): | | | |
| | | | | |
| Third Director Details | | | | |
| First Name | Surname | ID Number | Nationality/ Country | Province |
| | | | | |
| TYPES OF DIRECTOR: | | | | |
| Tick into the box below type of director you are: | Director Tick here <input type="checkbox"/> | Non-Executive Tick here <input type="checkbox"/> | Alternate Director Tick here <input type="checkbox"/> | Appointment Date: __/__/20__ |
| ADDRESSES This addresses (for Third Director) will be taken as company addresses; tick Yes <input type="checkbox"/> or No <input type="checkbox"/> | | | | |
| Physical Address (Compulsory) | | | Code: ____ | |
| Postal Address (optional) | | | Code: ____ | |
| Email Address (Compulsory) | | | | |
| Contact Number | (Cell phone): | | | |
| | | | | |

If directors are more than 3 you must fill-up another form and put same reference as it is in the first form.

- Create your own Reference; put four letters and four numbers of your choice.

Reference Number:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

PROPOSED NAME(S)

1. _____
2. _____
3. _____
4. _____

Send the form back to this email address: info1901mca@gmail.com / info@thumelaholdings.co.za or

Send to our WhatsApp Number or Call Us for help: 072 675 9948 / 071 164 6616