

51 Elgin Rd, Vandia Grove  
Randburg, 2194  
P.O. Box 1190, Cramerview 2060  
Cell: 082 803 0800  
Tel: 011 704 5152  
Fax: 086 553 9353  
Email: john@advancedcost.co.za  
VAT No. 4520207632  
www.advancedcost.co.za

**Advanced Cost**  
Management Solutions cc

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### How The Registration Process Works

- 1.) Complete the registration form below and submit to ACMS.
- 2.) Please print and complete the **Power of Attorney** document attached to this registration document. ACMS needs the original document as consent to sign all registration documents on your behalf. Please post the form to the following address:

**Advanced Cost Management Solutions, P O Box 1190, Cramerview, 2060, OR**

Please courier the form to the following address:

**51 A Elgin Road Vandia Grove, Randburg, 2194,**

### ACMS REQUIRES THE FOLLOWING DOCUMENTS TO PROCESS YOUR PTY LTD APPLICATION

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

Please 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.

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

Banking Details for Internet Transfer/Cash Deposit	
Account Name :	Advanced Cost Management Solutions CC
Bank :	Standard Bank
Account Number :	023 374 888
Branch Code :	009-953
Reference :	<b>Your First Pty Ltd Name</b>
Proof of payment :	Fax to 086 671 6431 / E-mail to <a href="mailto:secretarial@advancedcost.co.za">secretarial@advancedcost.co.za</a>

Use your **FIRST PTY NAME CHOICE** as Reference.

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: 086 671 6431 or E-mail: [secretarial@advancedcost.co.za](mailto:secretarial@advancedcost.co.za).

### PRICES :

**NEW Pty Ltd : Short Mol R 595 or Long Mol R1250**

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**Pty Ltd Private Company Registration Forms - [www.advancedcost.co.za](http://www.advancedcost.co.za)**

Complete the form below and fax along with your proof of payment to Fax number: 086 671 6431

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

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

Work Phone : \_\_\_\_\_

Registered Physical Address : \_\_\_\_\_

City/Town : \_\_\_\_\_

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

Mobile Phone : \_\_\_\_\_

Fax : \_\_\_\_\_

Email : \_\_\_\_\_

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

City/Town : \_\_\_\_\_

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

**Company Information :**

Company Financial Year End: \_\_\_\_\_

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

Director No 1

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

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

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

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

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

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

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

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

Email : \_\_\_\_\_

Cell : \_\_\_\_\_

Occupation : \_\_\_\_\_

Director No 2

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

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

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

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

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

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

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

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

Email : \_\_\_\_\_

Cell : \_\_\_\_\_

Occupation : \_\_\_\_\_

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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Please complete the Auditor & Company secretary details without using abbreviations.

**Auditor Details (If Applicable)** - If you would like Advanced Cost Management Solutions to be your auditor please state ACMS under the surname and we will place the rest of the details in.

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

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

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

Practice No : \_\_\_\_\_

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

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

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

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

Email : \_\_\_\_\_

Cell : \_\_\_\_\_

Occupation : \_\_\_\_\_

**Company Secretary details (If Applicable)**

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

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

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

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

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

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

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

Email : \_\_\_\_\_

Cell : \_\_\_\_\_

Occupation : \_\_\_\_\_

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## POWER OF ATTORNEY

I / We the undersigned hereby appoint Mr. J. L. Bethell, to register on my / our behalf a Pty Ltd company with the name

\_\_\_\_\_ 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 [secretarial@advancedcost.co.za](mailto:secretarial@advancedcost.co.za) / Fax to 086 671 6431. The original form must reach : Advanced Cost Management Solutions, P O BOX 1190, Cramerview, 2060 or couriered to 51 A Elgin Road Vandia Grove, Randburg, 2194, attention David