



SATSTARK Business

Physical address
39A Kingfisher House
Kingfisher Dr.
Fourways
2055

Postal Address
P.O. Box 1497
Fourways
2055

Tel: +27 (0)11 465 3035 **Cell:** +27 (0) 82 861 3884

E-mail: Sales@Sbcompanyregistrations.co.za

Company Registration Number: 2010/109532/23

Company registration checklist and Limited Power of Attorney (Offline)

This checklist will aid you in completing your company registration
If at any point you need assistance, please do not hesitate to contact us.

We will have received your online application at this point and this is the last step in registering your company.

- Have completed the company registration document and signed the Limited Power Of Attorney.
- Have 2x Certified I.D copies of each Director/Directors, not older than 3 months.
- Have made the relevant payment to: Bank:.....First National Bank
Account Name:.....Satstark Business
Account type:Current Account
Account Number:.....62465102409
Branch:.....Fourways / 251-655

*The reference will be your company name.

- Scan and Email ID copies and Limited power of Attorney to:
Sales@sbcompanyregistraions.co.za

Post or deliver the ID copies and Limited power of Attorney to:

Post: Satstark Business P.O. Box 1497 Fourways Gauteng 2055	Deliver: Satstark Business 39A King fisher Drive Fourways Sandton Gauteng 2055
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Registration form for new **Private Company (PTY)LTD**

When deciding on a name for a company it is important to make the name as descriptive as possible, for example; “Candies Cake Shop” Candice’s Company sells cakes.

Try and avoid names that are similar to other companies and using misleading words such as “Enterprises”, “Exclusive” and “Holdings”.

Also take into account the commission will not accept any names that are offensive.

*Please fill in the names in order of preference

First Choice	
Second Choice	
Third Choice	

Business description: (e.g. The resale of baked goods)	
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Financial Month end: (e.g. February)	
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Company’s registered office address
(Can be the same as a directors address)

Street address	
Area	
Code	
Province	

Company’s postal address
(Can be the same as a directors address)

Postal address	
Area	
Code	
Province	

Please fill in the Directors details: Director Number 1

Full Name / Former Name, if any:	
Identity Number:	
Nationality:	
Passport number, if not South African	
Contact Number	
E-mail Address	
Date of appointment:	
Position in the company:	
Residential address	
Area and code	
Business address	
Area and Code	
Postal Address	
Area and Code	
Occupation:	
South African Resident	Yes No

Please fill in the Directors details: Director Number 2

Full Name / Former Name, if any:		
Identity Number:		
Nationality:		
Passport number, if not South African		
Contact Number		
E-mail Address		
Date of appointment:		
Position in the company:		
Residential address		
Area and code		
Business address		
Area and Code		
Postal Address		
Area and Code		
Occupation:		
South African Resident	Yes	No

Please fill in the Directors details: Director Number 3

Full Name / Former Name, if any:		
Identity Number:		
Nationality:		
Passport number, if not South African		
Contact Number		
E-mail Address		
Date of appointment:		
Position in the company:		
Residential address		
Area and code		
Business address		
Area and Code		
Postal Address		
Area and Code		
Occupation:		
South African Resident	Yes	No

Please fill in the Directors details: Director Number 4

Full Name / Former Name, if any:		
Identity Number:		
Nationality:		
Passport number, if not South African		
Contact Number		
E-mail Address		
Date of appointment:		
Position in the company:		
Residential address		
Area and code		
Business address		

Area and Code		
Postal Address		
Area and Code		
Occupation:		
South African Resident	Yes	No

Please fill in the Directors details: Director Number 5

Full Name / Former Name, if any:		
Identity Number:		
Nationality:		
Passport number, if not South African		
Contact Number		
E-mail Address		
Date of appointment:		
Position in the company:		
Residential address		
Area and code		
Business address		
Area and Code		
Postal Address		
Area and Code		
Occupation:		
South African Resident	Yes	No

Please fill in the Directors details: Director Number 6

Full Name / Former Name, if any:		
Identity Number:		
Nationality:		
Passport number, if not South African		
Contact Number		
E-mail Address		
Date of appointment:		
Position in the company:		
Residential address		
Area and code		
Business address		
Area and Code		
Postal Address		
Area and Code		
Occupation:		
South African Resident	Yes	No

If there are more directors details needed please print accordingly.

Limited Power of Attorney

I/We the undersigned, nominate Sean Armstrong Kück and Satstark Business (2010/109532/23) with full power of substitution in my/our name place and stead.

To apply for and obtain the registration of a Company under the Companies Act of the Republic. To apply for company income tax and a tax clearance. To apply and obtain for a B-BBEE status and certificate.

To make such amendment, addition or alteration to the Memorandum, Articles of Association and/or such other documents and forms which my said agent may deem fit or which may be required by the relevant Registrar and to initial or sign as may be required, each of such amendments, additions or alterations.

I/We also indemnify Sean Armstrong Kück and Satstark Business (2010/109532/23), against any claims, loss, damage or liability arising from delay or errors occurring in the required process.

SIGNED and EXECUTED at _____ on this the _____ day of _____ 20__ in the presence of the undersigned witness:

Witness Name: _____ Witness Signature: _____

For applicants:

Full Name	ID Number	Signature