| Form B | NPO Registrations South Africa (Pty) Ltd. | P.O Box 411 Celtis Ridge, Centurion 0130 | Tel: 063 215 9688 | Email: npodocs@nporegistrations.co.za | www.nporegistrations.co.za |

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NPO REGISTRATION POWER OF ATTORNEY SOUTH AFRICA

NPO REGISTRATIONS SOUTH AFRICA (PTY) LTD

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POWER OF ATTORNEY FOR REGISTRATION OF A NON-PROFIT ENTITY DIRECTOR 1

I the undersigned
Name and Surname:
ID Number:
(Full forenames, surname and ID Number)
Being desirous of forming a NON PROFIT Company to be registered under the name of:
Proposed Non Profit Name:
Or any other approved name
Do hereby nominate, constitute and appoint:
NPO Registrations South Africa (Pty) Ltd, with full power of substitution, to be my representative in the following:
 To apply for and obtain the registration of the NON PROFIT Company under the Companies Act of the Republic of South Africa. To deliver to the Registrar of Companies, the certificate of incorporation, memorandum of incorporation and articles of associations subscribed by myself, a notarially certified copy of such documents, any other documents or form which might be required for the registration of the company. To make such amendment, addition or alteration to the memorandum of incorporation and articles of associations and to such documents and forms which my said attorney or agent may deem fit or which may be required by Registrar of Companies (CIPC) or Social Development and to initial or sign as may be required, each of such amendments, additions or alterations. To alter the name of the nonprofit if the proposed name is not available, in such manner as my said attorney or agent may think fit. To uplift the certificate of incorporation, memorandum and articles of association and any other certificate or documents after the registration of the nonprofit company.
Signedaton20 "Name of the Place/Area/town or surbub" Date / Month / Year

N.B All 3 Directors/Members must sign the Power of Attorney and should there be more than 3 directors make extra POA copies to be signed as well. All directors must Sign each copy

(Signature of Subscriber/Shareholder/Director)

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NPO REGISTRATION POWER OF ATTORNEY SOUTH AFRICA

NPO REGISTRATIONS SOUTH AFRICA (PTY) LTD

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POWER OF ATTORNEY FOR REGISTRATION OF A NON-PROFIT ENTITY DIRECTOR 2

ID Marian la nue	
ID Number:(Full forenames, :	surname and ID Number)
	,
Being desirous of forming a NON PROFIT Co	ompany to be registered under the name of:
Proposed Non Profit Name:	
Or a	ny other approved name
Do hereby nominate, constitute and appoi	nt:
NPO Registrations South Africa (Pty) Ltd, with futhe following:	ll power of substitution, to be my representative in
 Act of the Republic of South Africa. To deliver to the Registrar of Companies incorporation and articles of association such documents, any other documents of the company. To make such amendment, addition or a articles of associations and to such document deem fit or which may be required. 	of the NON PROFIT Company under the Companies s, the certificate of incorporation, memorandum of as subscribed by myself, a notarially certified copy of r form which might be required for the registration of alteration to the memorandum of incorporation and uments and forms which my said attorney or agent ired by Registrar of Companies (CIPC) or Social y be required, each of such a mendments, additions or
 alterations. To alter the name of the nonprofit if the my said attorney or agent may think To uplift the certificate of incorporation 	proposed name is not available, in such manner as fit. , memorandum and articles of association and any he registration of the nonprofit company.
 alterations. To alter the name of the nonprofit if the my said attorney or agent may think To uplift the certificate of incorporation 	fit. , memorandum and articles of association and any he registration of the nonprofit company.

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NPO REGISTRATION POWER OF ATTORNEY SOUTH AFRICA

NPO REGISTRATIONS SOUTH AFRICA (PTY) LTD

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POWER OF ATTORNEY FOR REGISTRATION OF A NON-PROFIT ENTITY DIRECTOR 3

I the undersigned				
Name and Surname:				
ID Number:				
(Full forenames, surn	ame and ID) Number)		
Being desirous of forming a NON PROFIT Compa	ny to be re	gistered un	der the nam	e of:
Proposed Non Profit Name:				
Or any ot	her approve	ed name		
Do hereby nominate, constitute and appoint:				
NPO Registrations South Africa (Pty) Ltd, with full povthe following:	wer of substit	cution, to be	my represent	ative in
 To apply for and obtain the registration of the Act of the Republic of South Africa. To deliver to the Registrar of Companies, the incorporation and articles of associations sub such documents, any other documents or form the company. To make such amendment, addition or alteral articles of associations and to such document may deem fit or which may be required Development and to initial or sign as may be real alterations. To alter the name of the nonprofit if the proposity said attorney or agent may think fit. To uplift the certificate of incorporation, memother certificate or documents after the residual contents. 	certificate of scribed by mention to the ments and forms by Registrarequired, each osed name is	fincorporatyself, a notate to e required which my sar of Companh of such a motavailable darticles of a	ion, memorar rially certified for the regist of incorporatid attorney or nies (CIPC) or endments, ade, in such marassociation an	ndum of d copy of tration of tion and r agent r Social ditions or nner as
Signed at	on	Date /	Month	20 / Year
	(Signature o	f Subscribe	r/Sharahalda	r/Director

NPO ONLINE SUBMISION GUIDELINE NOTES

SCAN AND EMAIL THE FOLLOWING DOCUMENTS

- 1. SIGNED POWER OF ATTORNY FORMS
- 2. LATEST CERTIFIED ID COPIES OR LATEST CERTIFIED PASSPORT COPIES IF NOT SOUTH AFRICAN.

Please note Smart South African ID Cards Must be printed both sides

- 3. PROOF OF PAYMENT
- 4. **OPTIONAL FORM C** (TO BE COMPLETED IF THERE IS MORE THAN 3 DIRECTORS TO BE REGISTERED ON THE NPC APPLICATION)

SEND THE ABOVE DOCUMENTS TO ANY OF THE FOLLOWING EMAILS

- 1. nporegistrations@nporegistrations.co.za
- 2. npodocs@nporegistrations.co.za

Our Banking Details are As Follows



Account Name : NPO REGISTRATIONS SOUTH AFRICA (Pty) Ltd.

Bank Name : Nedbank
Account Number : 115 691 24 23
Branch Code : 19 87 65

N.B "Use your 1st proposed NPO Name as a Reference when making payments

With kind regards

NPO/NPC Church Registration Team

NPO REGISTRATIONS SOUTH AFRICA (Pty) Ltd | NPO REGISTRATIONS.CO.ZA |

Tel: 063 215 9688 |Fax: 086 731 8798 | WWW.NPOREGISSTRATIONS.CO.ZA

Email: Email: nporegistrations@nporegistrations.co.za | npodocs@nporegistrations.co.za

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OPTIONAL-DIRECTOR'S ADDITIONAL APPLICATION FORM FORM C

N.B. USE THIS APPLICATION FORM ONLY IF THERE IS MORE THAN 3 DIRECTORS/MEMBERS APPLYING FOR CHURCH.

ADDITIONAL DIRECTOR/MEMBER'S DETAILS			
NAME & SURNAME			
CELL			
EMAIL			
ID NUMBER			
PHYSICAL ADDRESS			
AREA CODE:			
POSTAL ADDRESS			
AREA CODE:			
ADDITIONAL DIRECTOR/MEMBER'S DETAILS			
NAME & SURNAME			
CELL			
EMAIL			
ID NUMBER			
PHYSICAL ADDRESS			
AREA CODE:			
POSTAL ADDRESS			
AREA CODE:			
ADDITIONAL DIRECTOR/MEMBER'S DETAILS			
NAME & SURNAME			
CELL			
EMAIL			
ID NUMBER			
PHYSICAL ADDRESS			
AREA CODE:			
POSTAL ADDRESS			
AREA CODE:			