

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.

Signed at _____ on _____ 2020

(Signature of Subscriber/Shareholder/Director)

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

POWER OF ATTORNEY FOR REGISTRATION OF A NON-PROFIT ENTITY

DIRECTOR 2

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

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- To apply for and obtain the registration of the NON PROFIT Company under the Companies Act of the Republic of South Africa.
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Signed at _____ on _____ 2020

(Signature of Subscriber/Shareholder/Director)

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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, 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

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Signed at _____ on _____ 2020

(Signature of Subscriber/Shareholder/Director)

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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:

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