

COMPANY INFORMATION FORM

Please complete the following information

Proposed Company Names (3)	1.	
	2.	
	3.	
Address of Registered Office		
		Code
Postal Address		
		Code

DIRECTORS' DETAILS

DIRECTOR 1	
First Names:	
Surname:	
ID Number / DOB & Passport (if foreign):	Occupation:
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
Code	
Postal Address:	
Code	
Is the Director an Incorporator? (Note: The Company requires at least one Incorporator) Yes <input type="checkbox"/> No <input type="checkbox"/>	

DIRECTOR 2	
First Names:	
Surname:	
ID Number / DOB & Passport (if foreign):	Occupation:
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
Code	
Postal Address:	
Code	
Is the Director an Incorporator? (Note: The Company requires at least one Incorporator) Yes <input type="checkbox"/> No <input type="checkbox"/>	

DIRECTOR 3	
First Names:	
Surname:	
ID Number / DOB & Passport (if foreign):	Occupation:
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
Code	
Postal Address:	
Code	
Is the Director an Incorporator? (Note: The Company requires at least one Incorporator) Yes <input type="checkbox"/> No <input type="checkbox"/>	

DIRECTOR 4	
First Names:	
Surname:	
ID Number / DOB & Passport (if foreign):	Occupation:
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
Code	
Postal Address:	
Code	
Is the Director an Incorporator? (Note: The Company requires at least one Incorporator)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

DIRECTOR 5	
First Names:	
Surname:	
ID Number / DOB & Passport (if foreign):	Occupation:
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
Code	
Postal Address:	
Code	
Is the Director an Incorporator? (Note: The Company requires at least one Incorporator)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

SHAREHOLDING

Total Number of Issued Shares

SHAREHOLDER 1	
Full Name:	
ID No / DOB & Passport / Reg No:	
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
Code	
Postal Address:	
Code	
Number of Shares Allocated to Shareholder	<input style="width: 300px;" type="text"/>

SHAREHOLDER 2	
Full Name:	
ID No / DOB & Passport / Reg No:	
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
Code	
Postal Address:	
Code	
Number of Shares Allocated to Shareholder	<input style="width: 300px;" type="text"/>

SHAREHOLDER 3	
Full Name:	
ID No / DOB & Passport / Reg No:	
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
	Code
Postal Address:	
	Code
Number of Shares Allocated to Shareholder	

SHAREHOLDER 4	
Full Name:	
ID No / DOB & Passport / Reg No:	
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
	Code
Postal Address:	
	Code
Number of Shares Allocated to Shareholder	

SHAREHOLDER 5	
Full Name:	
ID No / DOB & Passport / Reg No:	
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
	Code
Postal Address:	
	Code
Number of Shares Allocated to Shareholder	

SHAREHOLDER 6	
Full Name:	
ID No / DOB & Passport / Reg No:	
E-mail:	Mobile No:
Tel:	Fax:
Residential Address:	
	Code
Postal Address:	
	Code
Number of Shares Allocated to Shareholder	

send your completed form together with certified copies of each director and shareholder's identity document, passport and/or registration certificate via email to info@easyonlinelegal.co.za or by fax to **086 611 8364**