

BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA

CLOSE CORPORATIONS ACT, 1988
(Sections 12, 13, 14, 24, 27, 29, 47 and 60)
(Regulations 2, 3 and 13)



CC1

Founding Statement

Before filling in the form, first see notes on page 2.

REGISTRATION NUMBER OF CORPORATION	DATE OF RECEIPT
------------------------------------	-----------------

Full name of corporation _____

Literal translation of name (if applicable) _____

Shortened form of name (if applicable) _____

Description of principal business _____

Date of end of financial year _____

Postal address _____

Address of registered office (not post office box) _____

Email address: _____

Name and address of accounting officer _____

(Attach written consent to appointment)

Full name of association or body of which accounting officer is a member _____

Membership/Practice No. _____

Signature of Accounting Officer _____

NOTES

1. Form CC 1 must be written in block capitals or be typewritten, lithographed or printed in legible characters with deep permanent black ink, and lodged in triplicate.
2. Where a person signs on behalf of a member, a power of attorney must be attached.
3. Minor children and other persons under legal disability must be assisted by their parents, guardians or representatives, as the case may be, and the capacity must be stated.
4. If no identity document has been issued, a written statement to this effect must be attached.
5. Form CC 1 which does not comply with the requirements of the Act, regulations or these notes, will be rejected.
6. Particulars to be furnished under the heading "MEMBERS".
 - (a) Full names and surname. (if juristic person, mention name and capacity and if trustee, also mention name and particulars of testamentary trust).
 - (b) Identity number ((i) if no identity document has been issued, state date of birth and see par. 4 above.) ((ii) If juristic person, mention registration number).
 - (c) Size of interest expressed as a percentage.
 - (d) Particulars of interest and fair value thereof.
 - (e) Residential address
 - (f) Postal address.
 - (g) Signature of member or representative (where applicable).

NAME OF CORPORATION

REGISTRATION NUMBER

PART C**MEMBERS**

Full names and surname

		Year	Month	Day											
Identity number or date of birth	(i)														
Registration number	(ii)														

Percentage of interest

Particulars of contribution

Residential address

Postal address

Email address:

Signature of member or representative

Full names and surname

		Year	Month	Day											
Identity number or date of birth	(i)														
Registration number	(ii)														

Percentage of interest

Particulars of contribution

Residential address

Postal address

Email address:

Signature of member or representative

Witness Signature

Date of signature

Full names

Residential address

Business address

Postal address

Email address:

NAME OF CORPORATION																											
REGISTRATION NUMBER																											
PART C																											
MEMBERS																											
Full names and surname																											
										Year		Month		Day													
Identity number or date of birth										(i)																	
Registration number										(ii)																	
Percentage of interest										Particulars of contribution																	
Residential address																											
Postal address																											
Email address:																											
Signature of member or representative																											
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Email address:																											
Signature of member or representative																											
Witness Signature										Date of signature																	
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Signature of member or representative																			
Witness Signature										Date of signature									
Full names																			
Residential address																			
Business address																			
Postal address																			
Email Address:																			

NAME OF CORPORATION

REGISTRATION NUMBER

PART C

MEMBERS

Full names and surname

		Year	Month	Day	
Identity number or date of birth	(i)				
Registration number	(ii)				

Percentage of interest

Particulars of contribution

Residential address

Postal address

Email Address

Signature of member or representative

Full names and surname

		Year	Month	Day	
Identity number or date of birth	(i)				
Registration number	(ii)				

Percentage of interest

Particulars of contribution

Residential address

Postal address

Email address

Signature of member or representative

Witness Signature

Date of signature

Full names

Residential address

Business address

Postal address

Email address

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REPUBLIC OF NAMIBIA			
BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA			
CLOSE CORPORATIONS ACT, 1988			
(Section 13, 14, 27 and 60)			
(Regulations 3, 10 and 13)			
(To be lodged in triplicate together with the Founding Statement)			
Certificate of Incorporation			
REGISTRATION NUMBER OF CORPORATION			
CC /			
This is to certify that the Founding Statement (CC 1) of			
Has been registered and the above-named close corporation was this day incorporated in terms of the Close Corporation Act, 1988			
* The above-named corporation has been converted from a company:			
			(Reg. No.)
Signed at Windhoek this		Day of	
Two Thousand and			
REGISTRAR OF CLOSE CORPORATIONS			
* (Delete if not applicable)			

NAME OF CORPORATION			
REGISTRATION NUMBER			
The above-named corporation has been converted from company:			
		Reg. No.	)

FOR OFFICE USE

Founding Statement registered

Registrar of Close Corporations

Date

Data Processing

Classification

Recorded _____

Signature and
date

N\$ 150,00 fee payable
in terms of the Act and
as set out in the
regulations

MEMBER (S) / WITNESS CONTACT DETAILS

****Please note: in addition to the requirements of the CC Act and Regulations, any additional information requested is requested in terms of Section 4 Financial Intelligence Act (Act 13 of 2012), as well as the Regulations thereunder.**

1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
1. Land-line number of applicant (if available);	
2. Mobile number (compulsory);	
3. Fax Number (if available);	
4. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	

4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	