Requirements	
New Director	
Name/s & Surname	
ID/Passport number	
Email address	
Phone number	
Physical Address	
Postal Address	
Company Representative Name and Signature	

Please Note

• Attach Certified ID / Passport Copy of all the Directors including the existing director/s

Name_____ Signature _____ Date ____

- Attach Proof of Address of the Business
- Attach Proof of Payment

Directors' amendment

• Directors' amendment takes between 24 - 48 working hours

Banking Details

Bank	Standard bank
Account no	034720588
Reference no	Full names + invoice no
Branch code	051001

Send your complete application form with the required documents to:

Email: mokatithelegacy@gmail.com

PLEASE USE YOUR ID NUMBER AS SUBJECT.

Whatsapp us @ 0766156608 For more call us @ 073 009 7445