

Company Registration Application Form

Applicant full name/s : _____

Contact number: _____

Contact email : _____

Business address : _____

Company Proposed Names *(In Order of Your Preference)*

1. First proposed name

2. Second proposed name

3. Third proposed name

4. Fourth proposed name

Company business activity/s

Company directors details

First Director

Name/s & Surname _____
ID/Passport number _____
Email address _____
Phone number _____
Physical Address _____
Postal Address _____

Second Director

Name/s & Surname _____
ID/Passport number _____
Email address _____
Phone number _____
Physical Address _____
Postal Address _____

Third Director

Name/s & Surname _____
ID/Passport number _____
Email address _____
Phone number _____
Physical Address _____
Postal Address _____

Company Representative Name and Signature

Name _____ Signature _____ Date _____

Please Note

- Attach Certified ID / Passport Copy of all the Directors
- Attach Proof of Address of the Business
- Attach Proof of Payment
- New Company registration takes between 2-7 working days

Banking Details

Bank	Standard bank
Account no	03 472 058 8
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