| Form B | NPO Registrations South Africa (Pty) Ltd. | P.O Box 411 Celtis Ridge, Centurion 0130 | Tel: 063 215 9688 | Email: npodocs@nporegistrations.co.za | www.nporegistrations.co.za |

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NPO REGISTRATION POWER OF ATTORNEY SOUTH AFRICA

NPO REGISTRATIONS SOUTH AFRICA (PTY) LTD

WWW.NPOREGISTRATIONS.CO.ZA

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 Co	ompany to be registered under	the name of:
Proposed Non Profit Name:		
Or a	iny other approved name	
Do hereby nominate, constitute and appoi	int:	
NPO Registrations South Africa (Pty) Ltd, with futher following:	ull power of substitution, to be my re	epresentative in
• To apply for and obtain the registration of Act of the Republic of South Africa.	of the NON PROFIT Company under	the Companies
 To deliver to the Registrar of Companies incorporation and articles of association such documents, any other documents of the company. 	ns subscribed by myself, a notarially	certifiedcopyof
 To make such amendment, addition or a articles of associations and to such documay deem fit or which may be requested. Development and to initial or sign as may alterations. 	uments and forms which my said att uired by Registrar of Companies(torney or agent CIPC) or Social
 To alter the name of the nonprofit if the my said attorney or agent may think 		such manner as
 To uplift the certificate of incorporation other certificate or documents after t 	·	•
Signed at	on	2020

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

(Signature of Subscriber/Shareholder/Director)

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NPO REGISTRATION POWER OF ATTORNEY SOUTH AFRICA

NPO REGISTRATIONS SOUTH AFRICA (PTY) LTD

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POWER OF ATTORNEY FOR REGISTRATION OF A NON-PROFIT ENTITY DIRECTOR 2

I the undersigned	
Name and Surname:	
ID Number:(Full forenam	
(Full forenam	es, surname and ID Number)
Being desirous of forming a NON PROF	IT Company to be registered under the name of:
Proposed Non Profit Name:	
(Or any other approved name
Do hereby nominate, constitute and a	ppoint:
NPO Registrations South Africa (Pty) Ltd, wi the following:	th full power of substitution, to be my representative in
 Act of the Republic of South Africation To deliver to the Registrar of Compain incorporation and articles of association and to cume the company. To make such amendment, addition articles of associations and to such may deem fit or which may be a Development and to initial or signate alterations. To alter the name of the nonprofitimy said attorney or agent may the To uplift the certificate of incorporations. 	anies, the certificate of incorporation, memorandum of ations subscribed by myself, a notarially certified copy of ints or form which might be required for the registration of alteration to the memorandum of incorporation and documents and forms which my said attorney or agent required by Registrar of Companies (CIPC) or Social smay be required, each of such amendments, additions or fthe proposed name is not available, in such manner as
Signed at	on2020
	(Signature of Subscriber/Shareholder/Director

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NPO REGISTRATION POWER OF ATTORNEY SOUTH AFRICA

NPO REGISTRATIONS SOUTH AFRICA (PTY) LTD

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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, sur	name and ID Number)
Being desirous of forming a NON PROFIT Comp	oany to be registered under the name of:
Proposed Non Profit Name:	
Or any o	other approved name
Do hereby nominate, constitute and appoint:	
NPO Registrations South Africa (Pty) Ltd, with full p the following:	ower of substitution, to be my representative in
 Act of the Republic of South Africa. To deliver to the Registrar of Companies, the incorporation and articles of associations such documents, any other documents or for the company. To make such amendment, addition or alteraticles of associations and to such docume may deem fit or which may be required Development and to initial or sign as may be alterations. To alter the name of the nonprofit if the promy said attorney or agent may think fit. 	the NON PROFIT Company under the Companies are certificate of incorporation, memorandum of abscribed by myself, a notarially certified copy of rm which might be required for the registration of the memorandum of incorporation and ents and forms which my said attorney or agent d by Registrar of Companies (CIPC) or Social required, each of such amendments, additions or sposed name is not available, in such manner as emorandum and articles of association and any registration of the nonprofit company.
Signed at	on2020
	(Signature of Subscriber/Shareholder/Director)

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:		