FORM 1

APPLICATION FOR BUSINESS REGISTRATION CERTIFICATE

LIMPOPO BUSINESS REGISTRATION ACT, 2003 (ACT No. 5 of 2003)

Regulation 4(1)

APPLICANT DETAILS (A person who has been assigned powers by the applicant)

Full Name: _____ Citizenship: _____

Id. No.: _____ Contact No.: _____

Office No.: _____

Interest in the Business (e. g. Attorney/Shareholder/Manager, etc.)

_____ Date: _____

PERSONAL DETAILS OF OWNERS/SHAREHOLDERS

NAME	Identity No.	AGE	GENDER	CETIZENSHIP	SIGNATURE

Percentage Shareholding of Previously Disadvantaged Designated Groups: _____

PARTICULARS OF BUSINESS

NAME OF BUSINESS: _____

CIPRO REGISTRATION No.(If Applicable): _____

TAX NUMBER (If Applicable): _____

Business Type: (Annexure A, Reg…)_____ Code: _____

Principal (Core) Business _____

Peripherals (Any Business activity other than the Principal Business)_____

_____

Tel.: _____ Fax. _____ e-mail.: _____

Physical Address:

_____

_____ Postal Code: _____

Postal Address:

_____

_____ Postal Code: _____

Municipal Office:

_____

Estimated Number of Employment to be created: _____

FOR OFFICE USE

REF. No.: _____ Code: _____

ATTACHMENTS: (a) Proof of representation (if application is done by proxy)

(b) Certified Identification Copy/Copies

(c) Proof of permission to conduct business in the Republic of South Africa

(c) CIPRO Registration Certificate (in case of juristic person)

(d) Proof of compliance with specific field requirements

(e) Proof of ownership of premises/Permission To Occupy/Lease Agreement

(f) Proof of Payment

(h) Recommendations from Local Authorities (e.g. Traditional Authority & Municipality)

_____

APPROVED/NOT APPROVED

COMMENTS

_____

_____

OFFICIAL STAMP