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South African Institute of Professional Accountants

RIAAN EKSTEEN
PROFESSIONAL ACCOUNTANTS AND FINANCIAL CONSULTANTS

INFORMATION REQUIRED OF THE CLOSE CORPORATION

Name of CC:

Trading as :

Main object of the CC:

Registered Physical address of CC:

Postal code:

Postal address:

Name of Auditors / Accountants:

Financial Year End: (usually end of February)

Contact number:

Fax number:

Email:

Bank Particulars – Name of bank:

Branch code & name:

Acc no:

Type of account:

Company registration number:

Tax number: Registered

VAT NO: Registered

PAYE no: Registered

UIF NO: Registered

Compensation Fund No: Registered

Information required of each Member

Member 1

SURNAME:

FULL FORENAMES:

IDENTITY NUMBER:

(ID MUST BE 13 DIGITS; IF FOREIGN GIVE DATE OF BIRTH) copy of ID must be attached)

RESIDENTIAL ADDRESS:

POSTAL CODE:

POSTAL ADDRESS:

POSTAL CODE :

NATIONALITY:

OCCUPATION:

Tax number:

MEMBER'S CONTRIBUTION:

TEL. NO:

CELL NO:

FAX. NO:

Email:

Member 2

SURNAME:

FULL FORENAMES:

IDENTITY NUMBER:

(ID MUST BE 13 DIGITS; IF FOREIGN GIVE DATE OF BIRTH) copy of ID must be attached)

RESIDENTIAL ADDRESS:

POSTAL CODE:

POSTAL ADDRESS:

POSTAL CODE :

NATIONALITY:

OCCUPATION:

Tax number:

MEMBER'S CONTRIBUTION:

TEL. NO:

CELL NO:

FAX. NO:

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