



CLOSE CORPORATION INFORMATION FORM

MINISTRY OF TRADE AND INDUSTRY

Information required for the registration of a Close Corporation

Type of Business		
Proposed name of business		
Date	Postal Address	
Business address		
Description of business activities		
Number of Members		
Name of public officer		
Accounting Officer		
E-Mail address		
Mobile number		
Address of correspondence		

FOR OFFICE USE ONLY



Income Tax Office	
Income Tax Number	ID Number <input type="text"/>
Full names	
Surname	Postal Address <input type="text"/>
Share % in Corporation	
Value of Shares	
Date of appointment	
Residential address	
E-Mail address	
Mobile Number	

MEMBERS BANKING DETAILS

Name of bank	<input type="text"/>	Branch name	<input type="text"/>
Name of account	<input type="text"/>	Branch number	<input type="text"/>
Type of account	<input type="text"/>	Account number	<input type="text"/>
Signature of MEMBER which is the account holder	<input type="text"/>	Date	<input type="text"/>

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