



# GOVERNMENT GAZETTE

## OF THE

# REPUBLIC OF NAMIBIA

N\$17.40

WINDHOEK - 18 February 2021

No. 7462

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#### GOVERNMENT NOTICE

No. 27      Amendment of regulations under Close Corporations Act: Close Corporations Act, 1988 ..... 1

## Government Notice

### MINISTRY OF INDUSTRIALISATION AND TRADE

No. 27

2021

#### AMENDMENT OF REGULATIONS UNDER CLOSE CORPORATIONS ACT: CLOSE CORPORATIONS ACT, 1988

Under section 10 of the Close Corporations Act, 1988 (Act No. 26 of 1988) I have amended the Regulations under the Close Corporations Act as set out in the Schedule.

**L. IIPUMBU**

**MINISTER OF INDUSTRIALISATION AND TRADE**

Windhoek, 5 February 2021

### SCHEDULE

#### Definitions

**1.** In these regulations “the Regulations” means the Regulations under the Close Corporations Act, 1988 published under Government Notice No. 43 of 30 March 1994 as amended by Government Notice Nos. 83 of 1 June 1994, 97 of 1 July 2006, 294 of 14 December 2012 and 19 of 13 February 2015.

#### Amendment of Schedule 5 of Regulations

**2.** Schedule 5 to the Regulations is amended by the substitution for Schedule 5 of the following Schedule:

REPUBLIC OF NAMIBIA

**BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA**

CLOSE CORPORATIONS ACT, 1988  
(Sections 12, 13, 14, 24, 27, 29, 47 and 60)  
(Regulations 2, 3 and 13)



**Founding Statement**

Before filling in the form, first see notes on page 2.

REGISTRATION NUMBER OF CORPORATION	DATE OF RECEIPT
------------------------------------	-----------------

Full name of corporation \_\_\_\_\_

Literal translation of name (if applicable) \_\_\_\_\_

Shortened form of name (if applicable) \_\_\_\_\_

Description of principal business \_\_\_\_\_

Date of end of financial year \_\_\_\_\_

Postal address \_\_\_\_\_

Address of registered office (not post office box) \_\_\_\_\_

Email address: \_\_\_\_\_

Name and address of accounting officer \_\_\_\_\_

(Attach written consent to appointment)

Full name of association or body of which accounting officer is a member \_\_\_\_\_

Membership/Practice No. \_\_\_\_\_

Signature of Accounting Officer \_\_\_\_\_

**NOTES**

1. Form CC 1 must be written in block capitals or be typewritten, lithographed or printed in legible characters with deep permanent black ink, and lodged in triplicate.
2. Where a person signs on behalf of a member, a power of attorney must be attached.
3. Minor children and other persons under legal disability must be assisted by their parents, guardians or representatives, as the case may be, and the capacity must be stated.
4. If no identity document has been issued, a written statement to this effect must be attached.
5. Form CC 1 which does not comply with the requirements of the Act, regulations or these notes, will be rejected.
6. Particulars to be furnished under the heading "MEMBERS".
  - (a) Full names and surname. (if juristic person, mention name and capacity and if trustee, also mention name and particulars of testamentary trust).
  - (b) Identity number ((i) if no identity document has been issued, state date of birth and see par. 4 above.) ((ii) If juristic person, mention registration number).
  - (c) Size of interest expressed as a percentage.
  - (d) Particulars of interest and fair value thereof.
  - (e) Residential address.
  - (f) Postal address.
  - (g) Signature of member or representative (where applicable).

NAME OF CORPORATION \_\_\_\_\_  
\_\_\_\_\_

REGISTRATION NUMBER	
---------------------	--

**PART C**

MEMBERS: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day									
Identity number or date of birth	(i)												
Registration number	(ii)												

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day									
Identity number or date of birth	(i)												
Registration number	(ii)												

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Full names: \_\_\_\_\_  
\_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

NAME OF CORPORATION \_\_\_\_\_  
\_\_\_\_\_

REGISTRATION NUMBER	
---------------------	--

**PART C**

MEMBERS: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day																
Identity number or date of birth	(i)																			
Registration number	(ii)																			

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day																
Identity number or date of birth	(i)																			
Registration number	(ii)																			

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Full names: \_\_\_\_\_  
\_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

NAME OF CORPORATION \_\_\_\_\_  
\_\_\_\_\_

REGISTRATION NUMBER	
---------------------	--

**PART C**

MEMBERS: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day									
Identity number or date of birth	(i)												
Registration number	(ii)												

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day									
Identity number or date of birth	(i)												
Registration number	(ii)												

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Full names: \_\_\_\_\_  
\_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

CC 1

NAME OF CORPORATION \_\_\_\_\_

\_\_\_\_\_

REGISTRATION NUMBER	
---------------------	--

**PART C**

MEMBERS: \_\_\_\_\_

Full names and surname: \_\_\_\_\_

\_\_\_\_\_

		Year	Month	Day																	
Identity number or date of birth	(i)																				
Registration number	(ii)																				

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Full names and surname: \_\_\_\_\_

\_\_\_\_\_

		Year	Month	Day																	
Identity number or date of birth	(i)																				
Registration number	(ii)																				

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Full names: \_\_\_\_\_

\_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

CC 1

NAME OF CORPORATION \_\_\_\_\_  
\_\_\_\_\_

REGISTRATION NUMBER	
---------------------	--

**PART C**

MEMBERS: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day																
Identity number or date of birth	(i)																			
Registration number	(ii)																			

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day																
Identity number or date of birth	(i)																			
Registration number	(ii)																			

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Full names: \_\_\_\_\_  
\_\_\_\_\_Residential address: \_\_\_\_\_  
\_\_\_\_\_Business address: \_\_\_\_\_  
\_\_\_\_\_Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_



CC 1

## REPUBLIC OF NAMIBIA

**BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA**

CLOSE CORPORATIONS ACT, 1988  
 (Section 13, 14, 27 and 60)  
 (Regulations 3, 10 and 13)

**Certificate of Incorporation**

REGISTRATION NUMBER OF CORPORATION

CC /

This is to certify that the Founding Statement (CC 1) of

\_\_\_\_\_

Has been registered and the above-named close corporation was this day incorporated in terms of the Close Corporation Act, 1988

\* The above-named corporation has been converted from a company:

\_\_\_\_\_ (Reg. No. \_\_\_\_\_)

Signed at Windhoek this \_\_\_\_\_ Day of \_\_\_\_\_

Two Thousand and \_\_\_\_\_

**REGISTRAR OF CLOSE CORPORATIONS**

\* (Delete if not applicable)

CC 1

NAME OF CORPORATION \_\_\_\_\_  
\_\_\_\_\_

REGISTRATION NUMBER	_____
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The above-named corporation has been converted from company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Reg. No. \_\_\_\_\_ )  
\_\_\_\_\_

<p><b>FOR OFFICE USE</b></p> <p>Founding Statement registered</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;">Registrar of Close Corporations</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;">Date</p> <p>Data Processing Classification _____</p> <p>Recorded Signature and date _____</p>
---

<p><b>NS 150,00</b> fee payable in terms of the Act and as set out in the regulations</p>
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**MEMBER (S) / WITNESS CONTACT DETAILS**

**\*\*Please note: in addition to the requirements of the CC Act and Regulations, any additional information requested is requested in terms of Section 4 Financial Intelligence Act (Act 13 of 2012), as well as the Regulations thereunder.**

1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
1. Land-line number of applicant (if available);	
2. Mobile number (compulsory);	
3. Fax Number (if available);	
4. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	

## REPUBLIC OF NAMIBIA

**BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA**

CLOSE CORPORATIONS ACT, 1988  
(Sections 12, 13, 14, 24, 27, 29, 47 and 60)  
(Regulations 2, 3 and 13)

**Amended Founding Statement**

Before filling in the form, first see notes on page 2.

REGISTRATION NUMBER OF CORPORATION	DATE OF RECEIPT
------------------------------------	-----------------

**PART A**

	Dates of commencement of change
Full name of corporation _____	*
Previous name of corporation (if applicable)* _____	*
Literal translation of name (if applicable)* _____	*
Shortened form of name (if applicable)* _____	*
Description of principal business* _____	*
Date of end of financial year* _____	*

**PART B**

Postal address* _____	*
Email address: _____	*
Address of registered office (not post office box)* _____	*
Name and address of accounting officer* _____	*
Shortened form of name (if applicable)* _____	*
Description of principal business* _____	*

(Attach written consent to appointment)

Full name of association or body of which accounting officer is a member \_\_\_\_\_

Membership/Practice No. \_\_\_\_\_

Signature of previous accounting officer: \_\_\_\_\_

Signature of current accounting officer: \_\_\_\_\_

\* See note 2 on page 2

**NOTES**

1. Form CC 2 must be written in block capitals or be typewritten, lithographed or printed in legible characters with deep permanent black ink, and lodged in triplicate.
2. Change(s) effective from date of registration or upon a later date mentioned.
3. Where a person signs on behalf of a member, a power of attorney must be attached.
4. Minor children and other persons under legal disability must be assisted by their parents, guardians or representatives, as the case may be, and the capacity must be stated.
5. If no identity document has been issued, a written statement to this effect must be attached.
6. Particulars which do not change should also be furnished.
7. No fee is payable in respect of any changes in particulars under Part B and C.
8. New members must personally sign the form.
9. Form CC 2 which does not comply with the requirements of the Act, regulations or these notes, will be rejected.
10. Particulars to be furnished under PART C.
  - (a) Full names and surname. (if juristic person, mention name and capacity and if trustee, also mention name and particulars of testamentary trust).
  - (b) Identity number ((i) if no identity document has been issued, state date of birth and see par. 4 above.) ((ii) If juristic person, mention registration number).
  - (c) Size of interest expressed as a percentage.
  - (d) Particulars of interest and fair value thereof.
  - (e) Residential address.
  - (f) Postal address.
  - (g) Signature of member or representative (where applicable).

NAME OF CORPORATION \_\_\_\_\_  
\_\_\_\_\_

REGISTRATION NUMBER	CC/
---------------------	-----

**PART C**

MEMBERS: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day									
Identity number or date of birth	(i)												
Registration number	(ii)												

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day									
Identity number or date of birth	(i)												
Registration number	(ii)												

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Full names: \_\_\_\_\_  
\_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

NAME OF CORPORATION \_\_\_\_\_  
\_\_\_\_\_

REGISTRATION NUMBER	CC/
---------------------	-----

**PART C**

MEMBERS: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day																
Identity number or date of birth	(i)																			
Registration number	(ii)																			

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day																
Identity number or date of birth	(i)																			
Registration number	(ii)																			

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Full names: \_\_\_\_\_  
\_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

CC 2

NAME OF CORPORATION \_\_\_\_\_

\_\_\_\_\_

REGISTRATION NUMBER	CC/
---------------------	-----

**PART C**

MEMBERS: \_\_\_\_\_

Full names and surname: \_\_\_\_\_

\_\_\_\_\_

		Year	Month	Day										
Identity number or date of birth	(i)													
Registration number	(ii)													

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Full names and surname: \_\_\_\_\_

\_\_\_\_\_

		Year	Month	Day										
Identity number or date of birth	(i)													
Registration number	(ii)													

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Full names: \_\_\_\_\_

\_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_



CC 2

NAME OF CORPORATION \_\_\_\_\_  
 \_\_\_\_\_

REGISTRATION NUMBER	CC/
---------------------	-----

**PART C**

MEMBERS: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
 \_\_\_\_\_

		Year	Month	Day																
Identity number or date of birth	(i)																			
Registration number	(ii)																			

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
 \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
 \_\_\_\_\_

		Year	Month	Day																
Identity number or date of birth	(i)																			
Registration number	(ii)																			

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
 \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Full names: \_\_\_\_\_  
 \_\_\_\_\_

Residential address: \_\_\_\_\_  
 \_\_\_\_\_

Business address: \_\_\_\_\_  
 \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_

Email address: \_\_\_\_\_

NAME OF CORPORATION \_\_\_\_\_  
\_\_\_\_\_

REGISTRATION NUMBER	CC/
---------------------	-----

**PART C**

MEMBERS: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day									
Identity number or date of birth	(i)												
Registration number	(ii)												

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Full names and surname: \_\_\_\_\_  
\_\_\_\_\_

		Year	Month	Day									
Identity number or date of birth	(i)												
Registration number	(ii)												

Percentage of interest: \_\_\_\_\_ Particulars of contribution: \_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Signature of member or representative: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Full names: \_\_\_\_\_  
\_\_\_\_\_

Residential address: \_\_\_\_\_  
\_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_



**MEMBER(S) / WITNESS CONTACT DETAILS**

**\*\*Please note: in addition to the requirements of the CC Act and Regulations, any additional information requested is in terms of Section 4 of the Financial Intelligence Act, 2012 (Act No. 13 of 2012), as well as the Regulations thereunder.**

1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
1. Land-line number of applicant (if available);	
2. Mobile number (compulsory);	
3. Fax Number (if available);	
4. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	

CC3

REPUBLIC OF NAMIBIA

BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA

CLOSE CORPORATIONS ACT, 1988
(Section 26(6))
(Regulation 14)



Application for the Restoration of the Registration of a Corporation

(To be lodged in duplicate)

Table with 2 columns: REGISTRATION NUMBER OF CORPORATION, N\$ 225,00 fee payable in terms of the Act and as set out in the regulations

Full name of Corporation:

\_\_\_\_\_

I/We: \_\_\_\_\_

in my/our capacity as:

\_\_\_\_\_

apply in terms of Section 26(6) of the above-named Act for the restoration of the Corporation which was deregistered:

On \_\_\_\_\_ and of which notice was given in the Gazette \_\_\_\_\_

Of \_\_\_\_\_ for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ An amended founding statement, if necessary, is attached

Signed \_\_\_\_\_ Date \_\_\_\_\_

The registration of the Corporation has been restored with effect from:

\_\_\_\_\_

as published in the Gazette \_\_\_\_\_ of \_\_\_\_\_

REGISTRAR OF CLOSE CORPORATIONS

DATE

**(To be completed by Corporation)**

Name: \_\_\_\_\_

Postal Address:  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

**For Office Use****Data Processing**

- 1) **Recorded**  
**Date and initials** \_\_\_\_\_
- 2) **Corrections**  
**Date and initials** \_\_\_\_\_

REPUBLIC OF NAMIBIA

**BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA**

CLOSE CORPORATIONS ACT, 1988  
(Sections 27)  
(Regulations 13)



**Application for Conversion  
(To be lodged in duplicate)**

REGISTRATION NUMBER	
---------------------	--

NAME OF CORPORATION \_\_\_\_\_  
\_\_\_\_\_

I/We, the undersigned, being all the members of the above-named company, apply for the conversion of this company into a corporation.

I/We state that:

- (a) every member of the company will become a member of the corporation: and
- (b) upon conversion the assets of the corporation, fairly valued, will exceed its liabilities, and that after conversion the corporation will be able to pay its debts as they become due in the ordinary course of its business.

The following documents are lodged herewith:

- (a) A statement in writing by the author as required by section 27(2)(b) of the Act; and
- (b) A founding statement in terms of section 12 of the Act.

**SIGNATURE (S)**

**DATE (S)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NEW REGISTRATION NUMBER	
-------------------------	--

CC 5

## REPUBLIC OF NAMIBIA

**BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA**

CLOSE CORPORATIONS ACT, 1988  
 (Section 49(4))  
 (Regulation 13)



CC5

**Lodging of Order of Court for the Alteration of \*/Replacement of\*/  
 Addition to\* a Founding Statement**

**(To be lodged in duplicate)**

REGISTRATION NUMBER OF CORPORATION	<b>NS 60,00</b> fee payable in terms of the Act and as set out in the regulations
------------------------------------	---

Full name of Corporation:

---



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Order of Court for the alteration of \*/replacement of\*/ addition to\* a Founding Statement

dated \_\_\_\_\_ is lodged herewith

An amended Founding Statement is attached.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*Delete that which is not applicable

The order was registered on

---

**REGISTRAR OF CLOSE CORPORATIONS**

**DATE**

**(To be completed by Corporation)**

Name: \_\_\_\_\_

Postal Address:

---

Email address: \_\_\_\_\_



REPUBLIC OF NAMIBIA

**BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA**

CLOSE CORPORATIONS ACT, 1988  
(Section 67)  
(Regulation 16)



**Application for Voluntary Winding-up**

**(To be lodged in duplicate)**

REGISTRATION NUMBER OF CORPORATION	N\$ 60,00 fee payable in terms of the Act and set out in the regulations
------------------------------------	--

Full name of Corporation

\_\_\_\_\_  
\_\_\_\_\_

I/We, the undersigned, being all the members of the above-named Corporation, resolved at a meeting held on \_\_\_\_\_ that the Corporation be wound up voluntarily by members/creditors.

**SIGNATURE (S)**

**DATE (S)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\*Delete that which is not applicable

The above-mentioned resolution was registered on: \_\_\_\_\_

\_\_\_\_\_  
**REGISTRAR OF BUSINESS**

\_\_\_\_\_  
**DATE**

**(To be completed by Corporation)**

Name: \_\_\_\_\_

Postal Address:

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

**For Office Use**

**Data Processing**

1) **Recorded**  
**Date and initials** \_\_\_\_\_

2) **Corrections**  
**Date and initials** \_\_\_\_\_

CC 7

## REPUBLIC OF NAMIBIA

**BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA**

CLOSE CORPORATIONS ACT, 1988  
(Sections 13(2))  
(Regulations 11)

**Annual Duty**

Name and postal address of Corporation				REGISTRATION NUMBER	
A. END OF FINANCIAL YEAR	<b>DAY</b>	<b>MONTH</b>	<b>YEAR</b>		For Office Use
					1. Recorded
					Date and initials
B. DATE INCORPORATED OR CONVERSION DATE					2. Corrections and Enquiries
					Date and initials
C.					
Name/names of member/members and percentage interest of each member in the Corporation at the end of the current financial year.					

- |          |           |   |
|----------|-----------|---|
| 1. _____ | 6. _____  | % |
| 2. _____ | 7. _____  | % |
| 3. _____ | 8. _____  | % |
| 4. _____ | 9. _____  | % |
| 5. _____ | 10. _____ | % |

## D. PROOF OF PAYMENT OF ANNUAL DUTY AND/OR ADDITIONAL FEE

Payment as prescribed in Terms of Section 32 of the BIPA Act.  
**N\$ 120.00**

E. SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

CC7

(To be completed by the corporation)

ANNUAL DUTY FOR FINANCIAL YEAR 20 \_\_\_\_\_

Name of corporation: \_\_\_\_\_

Postal address: \_\_\_\_\_

Return received
Stamp of Business Registration Office

**\*\*Please note: in addition to the requirements of this Act and Regulations, any additional information requested is in terms Section 4 of the Financial Intelligence Act, 2012 (Act No. 13 of 2012), as well as the Regulations thereunder.**

**MEMBER(S) / WITNESS CONTACT DETAILS**

**\*\*Please note: in addition to the requirements of the CC Act and Regulations, any additional information requested isin terms of Section 4 of the Financial Intelligence Act, 2012 (Act No. 13 of 2012), as well as the Regulations thereunder.**

1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
1. Land-line number of applicant (if available);	
2. Mobile number (compulsory);	
3. Fax Number (if available);	
4. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	
1. Name	
2. Land-line number of applicant (if available);	
3. Mobile number (compulsory);	
4. Fax Number (if available);	
5. E-mail Address (if available);	

**If there are more members for the space provided for, please make a copy/recreate this page.**

REPUBLIC OF NAMIBIA

**BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA**

CLOSE CORPORATIONS ACT, 1988  
(Sections 57(2))



**Change of the End of the Current Financial Year**

Business and Intellectual  
Property Authority - BIPA  
REGISTRAR OF BUSINESS Office  
PO Box 185  
WINDHOEK  
NAMIBIA  
Tel: +264 61 2994400  
Email: [info@bipa.na](mailto:info@bipa.na)

REGISTRATION NUMBER

**NS 60,00** fee payable in  
terms of the Act and as set  
out in the regulations

Name of corporation \_\_\_\_\_

The end of the current financial year is \_\_\_\_\_

A. The end of the current financial year has been brought forward to \_\_\_\_\_

B. The end of the current financial year has been extended to \_\_\_\_\_

Reasons for extension \_\_\_\_\_  
\_\_\_\_\_

C. Affix proof of payment of half or annual duty here in respect of extension .....

Date: \_\_\_\_\_

Signature: Member/Officer \_\_\_\_\_

Not exceeding six months

Approved/Refused: Registrar of Business \_\_\_\_\_

(To be completed by the corporation)  
ADVICE OF CHANGE OF THE END OF THE CURRENT FINANCIAL YEAR DATED

Name of corporation: \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Invalid unless stamped by Registrar of Business

Approved/Refused
Date stamp of Business Registration Office