



GOVERNMENT GAZETTE

OF THE

REPUBLIC OF NAMIBIA

N\$6.00

WINDHOEK - 1 September 2016

No. 6113

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GOVERNMENT NOTICE

No. 207 Amendment of Companies Administrative Regulations: Companies Act, 2004 1

Government Notice

MINISTRY OF INDUSTRIALISATION, TRADE AND SME DEVELOPMENT

No. 207

2016

AMENDMENT OF COMPANIES ADMINISTRATIVE REGULATIONS: COMPANIES ACT, 2004

Under section 13 of the Companies Act, 2004 (Act No. 28 of 2004), I have amended the regulations set out in the Schedule.

I. NGATJIZEKO
MINISTER OF INDUSTRIALISATION,
TRADE AND SME DEVELOPMENT

Windhoek, 1 August 2016

SCHEDULE

Definitions

1. In these regulations the “Regulations” means the Companies Administrative Regulations published under Government Notice No. 173 of 10 August 2010.

Amendment of Annexure 3 to Regulations

2. Annexure 3 to the Regulations is amended by the substitution for Form CM 23 of the following Form:

Form CM23

REPUBLIC OF NAMIBIA

COMPANIES ACT 2004
(Sections 181, 182 and 336) (Regulations 39 and 40))
And
The Financial Intelligence Act 2012
(Section 4, Regulation 2)

ANNUAL RETURN

PART A

Name and postal address of Company

Revenue stamp /revenue franking
machine impression NS100-00 plus
annual duty under section 182 and 183
and Regulation 40

Name And Number Of Holding Company

Registration Number of Company

(a) Annual return for calendar year

Day	Month	Year

(b) Date incorporated/registered/established

--	--	--

(c) Annual General Meeting

Date of annual general meeting held in respect
of previous financial year (If an extension of time was
applied for a statement in that regard)

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(d) End of Financial year

--	--

For office use

DATA PROCESSING

1. Recorded

Date and Initials.....

2. Corrections

Codes.....

Date and initials.....

Summary of total issued capital as at end of Financial Year

Total Amount of issued share capital..... (1) N\$

Total amount of share premium account (2) N\$

Total..... N\$

Total stated capital in respect of no par value shares (3) N\$

Annual duty paid on (1), (2) and (3) above..... N\$

Situation of Registered Office and Email Address	Postal address and Telephone/ Mobile Number	Description of main business actually carried on by company

Perforated)

(To be completed by company)

ANNUAL RETURN FOR CALENDAR YEAR.....

Name of company

Postal address

.....

.....

Return received

Date stamp of Companies

Registration Office

Registrar of Companies

Invalid unless stamped by Registrar of Companies

Printing specifications: Size A4; good quality paper; adequate spacing to be allowed for typewritten information to be inserted under appropriate headings; tear off portion to fit Companies Office window envelope; complete Form to be printed on one page; printer's proofs and sample paper to be approved by the Registrar of Companies, Windhoek

PART B**LIST OF DIRECTORS, OFFICERS AND AUDITORS OF THE COMPANY**

Directors

Surname _____ forenames _____ Main Director ☐ Alternate Director ☐

Former surnames and forenames _____

Contact details

Residential Address		Business address	Postal Address and Telephone/ Mobile Number		Other Directorships
Nationality If not Namibian	Date of birth/ID number/passport number	Occupation	Date of appointment	State whether shareholder(if yes, kindly complete Part C below)	Tick if new director
					<input type="checkbox"/>

Directors

Surname _____ forenames _____ Main Director ☐ Alternate Director ☐

Former surnames and forenames _____

Contact details

Residential Address		Business address	Postal Address and Telephone/ Mobile Number		Other Directorships
Nationality If not Namibian	Date of birth/ID number/passport number	Occupation	Date of appointment	State whether shareholder(if yes, kindly complete Part C below)	Tick if new director
					<input type="checkbox"/>

Directors

Surname _____ forenames _____ Main Director ☐ Alternate Director ☐

Former surnames and forenames _____

Contact details

Residential Address		Business address	Postal Address and Telephone/ Mobile Number		Other Directorships
Nationality If not Namibian	Date of birth/ID number/passport number	Occupation	Date of appointment	State whether shareholder(if yes, kindly complete Part C below)	Tick if new director
					<input type="checkbox"/>

Directors

Surname _____ forenames _____ Main Director ☐ Alternate Director ☐

Former surnames and forenames _____

Contact details

Residential Address		Business address		Postal Address and Telephone/ Mobile Number	Other Directorships
Nationality if not Namibian)	Date of birth/ID number/passport number	Occupation	Date of appointment	State whether shareholder(if yes, kindly complete Part C below)	Tick if new director
					<input type="checkbox"/>

Directors

Surname _____ forenames _____ Main Director ☐ Alternate Director ☐

Former surnames and forenames _____

Contact details

Residential Address		Business address		Postal Address and Telephone/ Mobile Number	Other Directorships
Nationality if not Namibian)	Date of birth/ID number/passport number	Occupation	Date of appointment	State whether shareholder(if yes, kindly complete Part C below)	Tick if new director
					<input type="checkbox"/>

Directors

Surname _____ forenames _____ Main Director ☐ Alternate Director ☐

Former surnames and forenames _____

Contact details

Residential Address		Business address		Postal Address and Telephone/ Mobile Number	Other Directorships
Nationality if not Namibian)	Date of birth/ID number/passport number	Occupation	Date of appointment	State whether shareholder(if yes, kindly complete Part C below)	Tick if new director
					<input type="checkbox"/>

Directors

Surname _____ forenames _____ Main Director ☐ Alternate Director ☐

Former surnames and forenames _____

Contact details

Residential Address		Business address		Postal Address and Telephone/ Mobile Number	Other Directorships
Nationality (If not Namibian)	Date of birth/ID number/passport number	Occupation	Date of appointment	State whether shareholder (if yes, kindly complete Part C below)	Tick if new director
					<input type="checkbox"/>

Directors

Surname _____ forenames _____ Main Director ☐ Alternate Director ☐

Former surnames and forenames _____

Contact details

Residential Address		Business address		Postal Address and Telephone/ Mobile Number	Other Directorships
Nationality (If not Namibian)	Date of birth/ID number/passport number	Occupation	Date of appointment	State whether shareholder (if yes, kindly complete Part C below)	Tick if new director
					<input type="checkbox"/>

Directors

Surname _____ forenames _____ Main Director ☐ Alternate Director ☐

Former surnames and forenames _____

Contact details

Residential Address		Business address		Postal Address and Telephone/ Mobile Number	Other Directorships
Nationality (If not Namibian)	Date of birth/ID number/passport number	Occupation	Date of appointment	State whether shareholder (if yes, kindly complete Part C below)	Tick if new director
					<input type="checkbox"/>

OFFICERS/SECRETARY

(If external company give particulars of local managers and secretary here)

Surname _____ Full forenames _____ Main Director ☐ Alternate Director ☐

Former surnames and forenames/If corporate body, its name _____

Contact details

Residential Address		Business address		Postal Address and Telephone/ Mobile Number	Other Directorships
Nationality(if not Namibian)	+Registration number Date of birth/ID number/passport number	Occupation	Date of appointment	State whether shareholder(if yes, kindly complete Part C below)	Tick if new director
					<input type="checkbox"/>

Surname _____ forenames _____ Main Director ☐ Alternate Director ☐

Former surnames and forenames _____

Contact details

Residential Address		Business address		Postal Address and Telephone/ Mobile Number	Other Directorships
Nationality	Date of birth/ID number/passport number	Occupation	Date of appointment	State whether shareholder(if yes, kindly complete Part C below)	Tick if new director
					<input type="checkbox"/>

Surname _____ forenames _____ Main Director ☐ Alternate Director ☐

Former surnames and forenames _____

Contact details

Residential Address		Business address		Postal Address and Telephone/ Mobile Number	Other Directorships
Nationality (if not Namibian)	Date of birth/ID number/passport number	Occupation	Date of appointment	State whether shareholder(if yes, kindly complete Part C below)	Tick if new director
					<input type="checkbox"/>

Business address, if corporate body (Additional sheets to be attached if necessary).*+ Registration number, if corporate body****AUDITORS**

Name _____

Address _____

Was there any change of a auditor made during the financial year? Yes/No _____

If yes, name of previous auditor _____

Reasons for change _____

Date of receipt of advice of change of auditor by Registrar _____

PART C

SHAREHOLDERS/BENEFICIAL OWNERS

Main shareholder ☐ Nominee Shareholder ☐

Main shareholder's details		Nominee's details	
Tick if new shareholder:	<input type="checkbox"/>	Tick if new nominee:	<input type="checkbox"/>
Full name/entity name:	-----	Full name:	-----
(i) Date of birth/ID number/passport number/entity registration number:	-----	(i) Date of birth/ID number/passport number:	-----
(ii) Residential address:	-----	(ii) Residential address:	-----
(iii) Business address:	-----	(iii) Business address:	-----
(iv) Postal address and Telephone/ Mobile Number:	-----	(iv) Postal address and Telephone/ Mobile Number:	-----
(v) Nationality/place of incorporation:	-----	(v) Nationality:	-----
(vi) Occupation/nature of business:	-----	(vi) Occupation:	-----
(vii) Number of shares:	-----	(vii) Number of shares:	-----
(viii) Type of shares (ordinary/preference):	-----	(viii) Type of shares (ordinary/preference):	-----
(x) Nominal value:	-----	(x) Nominal value:	-----
(xi) Date shareholder subscribed:	-----	(xi) Date shareholder subscribed:	-----

Main shareholder ☐ Nominee Shareholder ☐

Main shareholder's details		Nominee's details	
Tick if new shareholder:	<input type="checkbox"/>	Tick if new nominee:	<input type="checkbox"/>
Full name/entity name:	-----	Full name:	-----
(i) Date of birth/ID number/passport number/entity registration number:	-----	(i) Date of birth/ID number/passport number:	-----
(ii) Residential address:	-----	(ii) Residential address:	-----
(iii) Business address:	-----	(iii) Business address:	-----
(iv) Postal address and Telephone/ Mobile Number:	-----	(iv) Postal address and Telephone/ Mobile Number:	-----
(v) Nationality/place of incorporation:	-----	(v) Nationality:	-----
(vi) Occupation/nature of business:	-----	(vi) Occupation:	-----
(vii) Number of shares:	-----	(vii) Number of shares:	-----
(viii) Type of shares (ordinary/preference):	-----	(viii) Type of shares (ordinary/preference):	-----
(x) Nominal value:	-----	(x) Nominal value:	-----
(xi) Date shareholder subscribed:	-----	(xi) Date shareholder subscribed:	-----

Main shareholder ☐ Nominee Shareholder ☐

Main shareholder's details		Nominee's details	
Tick if new shareholder:	<input type="checkbox"/>	Tick if new nominee:	<input type="checkbox"/>
Full name/entity name:	-----	Full name:	-----
(i) Date of birth/ID number/passport number/entity registration number:	-----	(i) Date of birth/ID number/passport number:	-----
(ii) Residential address:	-----	(ii) Residential address:	-----
(iii) Business address:	-----	(iii) Business address:	-----
(iv) Postal address and Telephone/ Mobile Number:	-----	(iv) Postal address and Telephone/ Mobile Number:	-----
(v) Nationality/place of incorporation:	-----	(v) Nationality:	-----
(vi) Occupation/nature of business:	-----	(vi) Occupation:	-----
(vii) Number of shares:	-----	(vii) Number of shares:	-----
(viii) Type of shares (ordinary/preference):	-----	(viii) Type of shares (ordinary/preference):	-----
(x) Nominal value:	-----	(x) Nominal value:	-----
(xi) Date shareholder subscribed:	-----	(xi) Date shareholder subscribed:	-----

Main shareholder ☐ Nominee Shareholder ☐

Main shareholder's details		Nominee's details	
Tick if new shareholder:	<input type="checkbox"/>	Tick if new nominee:	<input type="checkbox"/>
Full name/entity name:	-----	Full name:	-----
(i) Date of birth/ID number/passport number/entity registration number:	-----	(i) Date of birth/ID number/passport number:	-----
(ii) Residential address:	-----	(ii) Residential address:	-----
(iii) Business address:	-----	(iii) Business address :	-----
(iv) Postal address and Telephone/ Mobile Number:	-----	(iv) Postal address and Telephone/ Mobile Number:	-----
(v) Nationality/place of incorporation:	-----	(v) Nationality:	-----
(vi) Occupation/nature of business:	-----	(vi) Occupation:	-----
(vii) Number of shares:	-----	(vii) Number of shares:	-----
(viii) Type of shares (ordinary/preference):	-----	(viii) Type of shares (ordinary/preference):	-----
(x) Nominal value:	-----	(x) Nominal value:	-----
(xi) Date shareholder subscribed:	-----	(xi) Date shareholder subscribed:	-----

Main shareholder ☐ Nominee Shareholder ☐

Main shareholder's details		Nominee's details	
Tick if new shareholder:	<input type="checkbox"/>	Tick if new nominee:	<input type="checkbox"/>
Full name/entity name:	-----	Full name:	-----
(i) Date of birth/ID number/passport number/entity registration number:	-----	(i) Date of birth/ID number/passport number:	-----
(ii) Residential address:	-----	(ii) Residential address:	-----
(iii) Business address:	-----	(iii) Business address:	-----
(iv) Postal address and Telephone/ Mobile Number:	-----	(iv) Postal address and Telephone/ Mobile Number:	-----
(v) Nationality/place of incorporation:	-----	(v) Nationality:	-----
(vi) Occupation/nature of business:	-----	(vi) Occupation:	-----
(vii) Number of shares:	-----	(vii) Number of shares:	-----
(viii) Type of shares (ordinary/preference):	-----	(viii) Type of shares (ordinary/preference):	-----
(x) Nominal value:	-----	(x) Nominal value:	-----
(xi) Date shareholder subscribed:	-----	(xi) Date shareholder subscribed:	-----

Main shareholder ☐ Nominee Shareholder ☐

Main shareholder's details		Nominee's details	
Tick if new shareholder:	<input type="checkbox"/>	Tick if new nominee:	<input type="checkbox"/>
Full name/entity name:	-----	Full name:	-----
(i) Date of birth/ID number/passport number/entity registration number:	-----	(i) Date of birth/ID number/passport number:	-----
(ii) Residential address:	-----	(ii) Residential address:	-----
(iii) Business address:	-----	(iii) Business address:	-----
(iv) Postal address and Telephone/ Mobile Number:	-----	(iv) Postal address and Telephone/ Mobile Number:	-----
(v) Nationality/place of incorporation:	-----	(v) Nationality:	-----
(vi) Occupation/nature of business:	-----	(vi) Occupation:	-----
(vii) Number of shares:	-----	(vii) Number of shares:	-----
(viii) Type of shares (ordinary/preference):	-----	(viii) Type of shares (ordinary/preference):	-----
(x) Nominal value:	-----	(x) Nominal value:	-----
(xi) Date shareholder subscribed:	-----	(xi) Date shareholder subscribed:	-----

Main shareholder ☐ Nominee Shareholder ☐

Main shareholder's details		Nominee's details	
Tick if new shareholder:	<input type="checkbox"/>	Tick if new nominee:	<input type="checkbox"/>
Full name/entity name:	-----	Full name:	-----
(i) Date of birth/ID number/passport number/entity registration number:	-----	(i) Date of birth/ID number/passport number:	-----
(ii) Residential address:	-----	(ii) Residential address:	-----
(iii) Business address:	-----	(iii) Business address:	-----
(iv) Postal address and Telephone/ Mobile Number:	-----	(iv) Postal address and Telephone/ Mobile Number:	-----
(v) Nationality/place of incorporation:	-----	(v) Nationality:	-----
(vi) Occupation/nature of business:	-----	(vi) Occupation:	-----
(vii) Number of shares:	-----	(vii) Number of shares:	-----
(viii) Type of shares (ordinary/preference):	-----	(viii) Type of shares (ordinary/preference):	-----
(x) Nominal value:	-----	(x) Nominal value:	-----
(xi) Date shareholder subscribed:	-----	(xi) Date shareholder subscribed:	-----

PART E**TO BE COMPLETED BY EXTERNAL COMPANY ONLY**

Names and addresses of persons resident in Republic authorised to accept on behalf of the company service of process and any notices required to be served on the company:

Surname _____ Full forenames _____

Contact details

Residential Address	Business address	Date of birth/ID number/passport number	Postal Address and Telephone/ Mobile Number

CERTIFICATES TO BE GIVEN BY ALL COMPANIES

We hereby certify that the information furnished on this form is correct to the best of our knowledge and belief.

Date _____

Signature _____

Director

Name in block capitals _____

Date _____

Signature _____

Secretary (if any)

Rubber stamp of company, if any, or of secretaries.

Name in block capitals _____

CERTIFICATE TO BE GIVEN BY PRIVATE COMPANY

I hereby certify that the company has during the period covered by this return complied with the requirements of section 22(1)(b) and (c) of the Act.

Date _____

Signature _____

Director

Rubber stamp of company, if any, or of secretaries.

Name in block capitals _____
