

# **GOVERNMENT GAZETTE**

# OF THE REPUBLIC OF NAMIBIA

N\$17.40 WINDHOEK - 18 February 2021

#### **CONTENTS**

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No. 7462

#### **GOVERNMENT NOTICE**

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

# **Government Notice**

#### MINISTRY OF INDUSTRIALISATION AND TRADE

No. 27

# 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 n	name of corporation	
Litera	al translation of name (if applicable)	
Short	ened form of name (if applicable)	
Descr	ription of principal business	
Date	of end of financial year	
Posta	l address	
Addro	ess of registered office (not post office box)	
Emai	l address:	
Name	e and address of accounting officer	
	(Attach written consent to appoi	ntment)
Full n	name of association or body of which accounting officer i	s a member
	Membership/Practice No	
Signa	uture 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							 	 	
DECICED ATION AND DEPO								 	
REGISTRATION NUMBER									
			RT C						
MEMBERS:									
Full names and surname:							 		
		Year	Month	Day	]				
Identity number or date of birth	(i)								
Registration number	(ii)								
Percentage of interest:		P	articulars	of contri	butio	n:			
Residential address:									
Postal address:									
Email address:									
Signature of member or representa	tive:							 	
Full names and surname:									
	[	Year	Month	Day	]				
Identity number or date of birth	(i)	loar	IVIOITIII	Duy				T	T
Registration number	(ii)								
Percentage of interest:		P	articulars	of contri	butio	n:	J		
Residential address:									
Postal address:									
Email address:									
Signature of member or representa	tive:								
Witness Signature:									
Full names:									
Residential address:									
Business address:									
Postal address:									
Email address:									

								CC 1
NAME OF CORPORATION							 	
REGISTRATION NUMBER	<u> </u>						 	
		DA	RT C					
MEMBERS:								
Full names and surname:							 	
		<b>V</b>	N4 41-	D	1			
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Registration number	(ii)							
Percentage of interest:	/	P	articulars	of contri	bution	:		
Residential address:								
Postal address:								
Email address:							 	
Signature of member or representa	ative:						 	
Full names and surname:							 	
		Year	Month	Day	1			
Identity number or date of birth	(i)	Tear	William	Day			<u> </u>	
Registration number	(ii)							
Percentage of interest:		P	articulars	of contri	bution	:		
Residential address:								
Postal address:							 	
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Signature of member or representa								
Witness 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) (ii) Registration number 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 CORRORATION												CC
NAME OF CORPORATION												
REGISTRATION NUMBER	<u> </u>											
		P	ART (	7								
MEMBERS:												
Full names and surname:												
		Year	Ma	onth	D	1017	7					
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Percentage of interest:			Partic	ılars	of c	ontri	buti	on:	-1	_		
Residential address:												
Postal address:												
Email address:												 
Signature of member or representa	ative:											
Full names and surname:												
		Year	Mo	onth	D	ay	1					
Identity number or date of birth	(i)											
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Residential address:												
Postal address:												 
Email address:	<b>.</b>											 
Signature of member or representa												
Witness Signature:							iture	:				 
Full names:												 
Residential address:												
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Business address:												
Postal address:												
Email address:												

CC	1

NAME OF CORPORATION												
REGISTRATION NUMBER												
MEMBERS:				RT C								
Full names and surname:												
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Identity number or date of birth	(i)											
Registration number	(ii)										ı	
Percentage of interest:			Pa	articu	ılars	of co	ontri	butio	n:	J		
Residential address:												
Postal address:												
Email address:								-				
Signature of member or representa												
Full names and surname:												
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Identity number or date of birth	(i)											
Registration number	(ii)											
Percentage of interest:			Pa	articu	ılars	of co	ontri	butio	n:			
Residential address:			_									 
Postal address:												
Email address:												
Signature of member or representa	tive:											
Witness Signature:												
Full names:												
Residential address:												
Business address:												
Postal address:												
Email address:												

# REPUBLIC OF NAMIBIA

# **BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA**

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

	(Regulations 3, 10 and 13)	
	Certificate of Incorporation	
	REGISTRATION NUMBER OF CORPORATION	
	CC /	
This is to	to certify that the Founding Statement (CC 1) of	
	en registered and the above-named close corporation was this day incorporated in Corporation Act, 1988	terms of the
	above-named corporation has been converted from a company:	
	(Reg. No	)
Signed a	at Windhoek this Day of	
Two Tho	nousand and	
REGIST	STRAR OF CLOSE CORPORATIONS	

\* (Delete if not applicable)

	CC
NAME OF CORPORATION	
REGISTRATION NUMBER	
The above-named corporation has been converted from company	y:
	ag No
(R	eg. Ivo.
FOR OFFICE USE	
Founding Statement registered	
Registrar of Close Corporations	_
Date	N\$ 150,00 fee payable in terms of the Act and as set out in the
Data Processing Classification	regulations
Recorded Signature and	
date	

# 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	DATE OF RECEIPT	
	PART A	
		Dates of commencement of change
Full name of corporation		*
Previous name of corporat	ion (if applicable)*	*
Literal translation of name	(if applicable)*	*
Shortened form of name (i	f applicable)*	*
Description of principal bu		*
Date of end of financial year		*
	PART B	
Postal address*	FARI D	*
Email address:		
Address of registered office	ee (not post office box)*	*
Name and address of acco	unting officer*	*
Shortened form of name (i	f applicable)*	*
Description of principal bu	ısiness*	*
	(Attach written consent to appoin	ntment)
Full name of association or	body of which accounting officer is	a member
	Membership/Practice No	
Signature of previous acco	unting officer:	
	nting officer:	

#### 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:	
Warn Marida Dan	
Year Month Day  Identity number or date of birth (i)	
Registration number (ii)	
Percentage of interest: Particulars of contribution:	
Residential address: Turticulars of contribution:	
Postal address:	
9044 4441655.	
Email address:	
Signature of member or representative:	
Full names and surname:	
Tan names and samane.	
Year Month Day	
Identity number or date of birth (i)	
Residential address:	
Postal addragg:	
Postal address:	
Email address:	
Email address:	
Witness Signature: Date of signature:	
Full names:	
Residential address:	
Residential address:	
Business address:	
Postal address:	

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NAME OF CORPORATION							 		
		ag.					 		
REGISTRATION NUMBER	=	CC/							
		PA	RT C						
MEMBERS:							 		 
Full names and surname:							 		 
		Year	Month	Day					 
Identity number or date of birth	(i)								
Registration number	(ii)								
Percentage of interest:		P	articulars	of contri	bution	ı:	 		 
Residential address:							 		
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Email address:									
Signature of member or representa	tive:								
Full names and surname:									
		Year	Month	Day	1				
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Witness Signature:			Date	of signa	ture: _		 		
Full names:							 		 
Residential address:									 
Business address:									
Postal address:									

NAME OF CORPORATION						-						 
REGISTRATION NUMBER	_	CC/										
MEMBERS:			ART (	C								
Full names and surname:												
		Year	Mo	nth	D	ay						
Identity number or date of birth	(i)											
Registration number	(ii)											
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Witness Signature:							ture:					 
Full names:												
Residential address:												
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NAME OF CORPORATION							 			
REGISTRATION NUMBER	}	CC/								
		PA	RT C							
MEMBERS:										
Full names and surname:							 			
		Year	Month	Day						
Identity number or date of birth	(i)									
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Percentage of interest:						n: _	 			
Residential address:							 			
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Email address:										
Signature of member or representa										
Full names and surname:										
		Year	Month	Day	7					
Identity number or date of birth	(i)	Tour	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Registration number	(ii)							·		
Percentage of interest:		F	articulars	of contri	butic	n: _				
Residential address:										
Postal address:									-	
Email address:										
Signature of member or representa										
Witness Signature:										
Full names:										
Residential address:										
Business address:							 			
Postal address:										
Email address:							 			

NAME OF CORPORATION												
REGISTRATION NUMBER		CC	/									
MEMBERS:				RT (								
Full names and surname:												
			-								 	
		Ye	ar	Mo	nth	D	ay					
Identity number or date of birth	(i)											
Registration number	(ii)											
Percentage of interest:			_ P	articı	ılars	of co	ontri	butic	n: _	 		
Residential address:										 	 	
Postal address:										 		
Email address:											-	
Signature of member or representa												
Full names and surname:												
		Ye	ar	Mo	nth	D	ay	]				
Identity number or date of birth	(i)											
Registration number	(ii)											
Percentage of interest:			P	articu	ılars	of co	ontri	butic	n: _			
Residential address:												
Postal address:												
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Signature of member or representa												
Witness Signature:										 		
Full names:												
Residential address:												
Business address:												
Postal address:										 		
Email address:										 	 	

NAME OF CORPORATION										
REGISTRATION NUMBER	CC/									
MEMBERS	S WHO	CEAS	SE TO	O BE	MEN	ИВЕR	2S			
Full name and surname of member Identity number								Signature		
								-		
					$\perp$		_			
Membership ceases on the date of reg Witness Signature: Full names:			_ D	ate of	sign	ature:				
Residential address:Business address:										
Postal address:										
Email address:										
FOR OFFICE	E USE									
Founding Statement registered										
Registrar of Close	Corporat	tions								
Date								<b>N\$60,00</b> fee payable in terms of the Act and as set out in the regulations		
Data Processing Classification						-				
Recorded Signature and date										

# 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);	

#### REPUBLIC OF NAMIBIA

#### **BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA**

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



**N\$ 225,00** fee payable in

#### Application for the Restoration of the Registration of a Corporation

(To be lodged in duplicate)

REGISTRATION NUMBER OF CORPORATION

REGI	STRAR OF CLOSE CORPORATIONS	DATE
as pub	lished in the Gazette	of
The re	gistration of the Corporation has been restore	
Full name of Corporation:  I/We:		
On	and of which notice v	vas given in the Gazette
	, ,	Act for the restoration of the Corporation which
I/We:		
Full na	ame of Corporation:	
		out in the regulations

(To be completed by Corporation)	For Office Use
Name:	Data Processing
Postal Address:	1) Recorded Date and initials
Email address:	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	
NAM	ME OF CORPORATION	
	, the undersigned, being all the members company into a corporation.	rs of the above-named company, apply for the conversion
I/We	state that:	
(a) (b)	upon conversion the assets of the	become a member of the corporation: and corporation, fairly valued, will exceed its liabilities, and n will be able to pay its debts as they become due in the
The f	following documents are lodged herev	ith:
(a) (b)	A statement in writing by the author A founding statement in terms of s	or as required by section 27(2)(b) of the Act; and section 12 of the Act.
SIG	NATURE (S)	DATE (S)
NE	EW REGISTRATION NUMBER	

#### REPUBLIC OF NAMIBIA

#### **BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA**

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



# 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	N\$ 60,00 fee payable in terms of the Act and as set out in the regulations
Full nar	me of Corporation:	
Order o	of Court for the alteration of */replacement of*/ addit	tion to* a Founding Statement
dated _		is lodged herewith
An ame	ended Founding Statement is attached.	
Signed_		Date
*Delete	e that which is not applicable	
The ord	der was registered on	
REGIS	STRAR OF CLOSE CORPORATIONS	DATE
(To be	completed by Corporation)	
Name: _		
Postal A	Address:	
Email a	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	s of the above-name	d Corporation, resolved at a m	eeting
held on by members/creditors.	that the C	orporation be wound up volum	ıtarily
by members/creditors.			
SIGNATURE (S)		DATE (S)	
*Delete that which is not applicable			
The above-mentioned resolution was register	red on:		
REGISTRAR OF BUSINESS		DATE	

(To be completed by Corporation)	For Office Use
Name:	Data Processing
Postal Address:	1) Recorded Date and initials
Email address:	2) Corrections Date and initials

#### REPUBLIC OF NAMIBIA

#### **BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA**

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



#### **Annual Duty**

Name and post	tal address of Corpora		REGISTRATION NUMBER				
		DAY	MONTH	YEAR			
A. END OF F	FINANCIAL YEAR					For Office Us	se
						1. Recorded	
	CORPORATED VERSION DATE					Date and init	tials
C.						2. Corrections Enquiries	and
	of member/members on at the end of the cu				ch member in	Date and init	ials
1.			6.				%
2			7.				<b>%</b>
3			8.				%
4.			9.				%
	F PAYMENT OF A				DITIONAL I		%
	Payment as presc	ribed in	Terms of Se N\$ 120.00	ection 32	of the BIPA A	ct.	
	ted by the corporation					,	CC7
ANNUAL DU	TY FOR FINANCIA	L YEAI	R 20		R	Leturn received	
	oration:					amp of Business gistration Office	
Postal address:	·						

<sup>\*\*</sup>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** 

Invalid unless stamped by Registrar of Business

Tel: +264 61 2994400 Email: info@bipa.na

REGISTRATION NUMBER	N\$ 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 forw	vard 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 respective Date:    Signate   Signate	ture: 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 F	CC9
Name of corporation:	Approved/Refused
Postal address:	
Email address:	Registration Office