



## ANNEXURE A

### COMPANY DIRECTORS CHANGE SHELF COMPANY - COR39

The following documents will be required in order to do the COR39 changes

- **“DIRECTORS INFORMATION” - for each and every new Director;**
- **“LETTER OF APPOINTMENT” - signed by each and every new Director;**
- **Certified copies of the Identity document of each and every new Director not older than 3 (THREE) months – if you have new ID card the front and back on one page;**

The documents must be mailed to [yolande@fbrs.co.za](mailto:yolande@fbrs.co.za)

#### PAYMENTS TO BE MADE TO

ACCOUNT NAME	:	FIRST FOR BUSINESS REGISTRATION SOLUTIONS (PTY) LTD
BANK	:	FNB
ACCOUNT NUMBER	:	6236 2540 603
BRANCH	:	ZAMBESI DRIVE
BRANCH CODE	:	230145

# DIRECTORS INFORMATION

(THIS FORM MUST BE COMPLETED BY EACH NEW DIRECTOR)

FULL NAMES : \_\_\_\_\_

SURNAME : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

IDENTITY NUMBER : \_\_\_\_\_

PASSPORT NUMBER : \_\_\_\_\_

COUNTRY OF ISSUE : \_\_\_\_\_

RESIDENTIAL ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B BUSINESS ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTAL ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT NUMBER : \_\_\_\_\_

OCCUPATION : \_\_\_\_\_

SOUTH AFRICAN RESIDENT : YES / NO

OFFICE USE

COMPANY NAME : \_\_\_\_\_

REG NO : \_\_\_\_\_

# LETTER OF APPOINTMENT

(THIS FORM MUST BE COMPLETED BY EACH NEW DIRECTOR)

I, the undersigned,

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with Identity Number \_\_\_\_\_

hereby accept my appointment as Director of the following Company:

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REG NO : 20\_/\_\_\_\_\_/07

as of 20\_/\_\_\_/\_\_\_.

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