



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	_____
---------------------	-------

The above-named corporation has been converted from company:

_____ (Reg. No. _____)

<p>FOR OFFICE USE</p> <p>Founding Statement registered</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">Registrar of Close Corporations</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">Date</p> <p>Data Processing Classification _____</p> <p>Recorded Signature and date _____</p>

<p>NS 150,00 fee payable in terms of the Act and as set out in the regulations</p>

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: _____

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 _____

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

Full name of Corporation:

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	DAY	MONTH	YEAR		For Office Use
					1. Recorded
					Date and initials
B. DATE INCORPORATED OR CONVERSION DATE					2. Corrections and Enquiries
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

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