CHECKLIST FOR AMENDMENT FOUNDING STATEMENT (CC2)

Company Name:_____ Reference Nr:_____

DESCRIPTION	SUBMISSION CHECK	SUBMISSION CHECK	COMMENTS
THE SUBMISSION MUST INCLUDE THE FOLLOWING			
X3 Application submitted (plain white or in pastel yellow)			
A valid CC8 Name Approval (if owner is changing the business name.)			
A zero balance			
Original Consent letter from a Registered Accounting officer if owner is changing Accounting officer.			
Original Certified (Latest 6 months) Identity Document of member(s) and Witness.			
Additional letter attached from Regulatory bodies: NAMFISA, NTB, NEAB, NCAQS, ECN, HPCNA.			
Current Accounting and previous Accounting officer to sign on Page1 (if previous accounting officer cannot be traced, police declaration would suffice).			
Business Name and Registration number to appear on all the pages.			
NOTES			
Contact Details & Email addresses of Member(s) and Witness.			
Witness Residential and business address to be completed.			
Member(s) and Witness to sign originally with a Black Pen.			
Witness to be used on all pages where member(s) are entering or resigning from the business.			
The forms should be free of alterations and amendments.			
Amendment Documents should not be double side printed.			
Member(s) percentage should add up to a 100%.			
Details of incoming & outgoing members on the form must appear on page 10 (members AND witness).			
Typing and writing on the documents will not be accepted. Documents should either be typed or written with the exception of Member(s) and Witness signatures which should originally **be signed with a black pen.**			
Copies of certified ID/PASSPORTS copies are not allowed ONLY **originally certified copies are allowed.**			
No Abbreviations allowed on forms (including initials of persons and town names/suburbs).			
Insert town names where it is applicable at all times.			
Fee payable of N$ 60-00 for changes under Section A. No fee payable for changes under Section B and Section C.			

First Submission

Consultant Name: _____ Date: _____ Stamp:

Resubmission:

Consultant Name: _____ Date: _____ Stamp: