

New Founding Statement (CC1) Checklist

Company Name: _____ Reference Number: _____

DESCRIPTION	1 st SUBMI SSION	RE- SUBMI SSION	COMMENTS
SUBMISSION SHOULD CONSIST OF THE FOLLOWING			
X3 Application submitted (Plain White or in pastel Blue).			
A valid CC8 Name Approval attached.			
Original signed consent letter from a Registered Accounting officer.			
Namibian Police, Commissioner of Oaths or Notary Public Certified (latest 6 months) Identity documents for Member(s) and Witness.			
Additional letter attached from Regulatory bodies: NAMFISA, NTB, NEAB, NCAQS, ECN, HPCNA.			
NOTES			
Shortened Form of Name and literal translation of name to be left blank.			
Business objectives same as approved on CC8 name application.			
Full Identity number for Namibian citizens and date of birth for foreigners.			
Registered office email address (page 1).			
Postal address and registered office address is completed.			
Accounting officer name and postal address completed.			
Member(s) and witness contact details & email address.			
Body of Accounting officer letter must correspond with the information in the consent Letter.			
Member(s) percentage of interest MUST add up to 100%.			
Financial Year End must be completed.			
Registration number must be left blank.			
Member(s) and Witness must be signed with a black pen.			
Business name MUST appear on all the pages.			
No Alternations allowed on forms (scratching).			
No Abbreviations allowed on forms (including initials of persons and town names/suburbs. Insert the town name where it is applicable at all times.			
Do not double-side print the Founding Statement.			
Details of all members on the form must appear on page 10 (members AND witness).			
Copies of certified ID/PASSPORT copies are not allowed. You must submit the originally certified copy.			
Scanned copies of Consent letter of accounting officer are not allowed. Kindly submit the original consent letter.			
Application Fee is N\$150.00			

First Submission

Consultant Name: _____ Date: _____ Stamp: _____

Resubmission:

Consultant Name: _____ Date: _____ Stamp: _____

Keep this form with your application.