Companies and Intellectual Property Commission Republic of South Africa

Form CoR 39

About this Form

- This form is issued in terms of section 70 (6) of the Companies Act, 2008, and Regulation 39 of the Companies Regulations, 2011.
- This form must be filed within 10 business days after any change of the information or the composition of the Board of Directors.
- The prescribed fee for filing this Notice is Nil.
- For multiple directors, please use block on page 1 as key.

Contacting the Commission

The Companies and Intellectual Property Commission of South Africa Postal Address PO Box 429 Pretoria 0001 Republic of South Africa

Notice of Change of Directors

Name: Registration The above namof information company. In the	istration Number of Company) number: ned company or external company gives notice of the following change an or in the persons serving as directors of the company or external
(Name and Reg Name: Registration The above nam of information of	number: ned company or external company gives notice of the following change on or in the persons serving as directors of the company or external
Name: Registration The above namof information company. In the	number: ned company or external company gives notice of the following change on or in the persons serving as directors of the company or external
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The above namof information company. In the	ned company or external company gives notice of the following change on or in the persons serving as directors of the company or external
of information c company. In th	n or in the persons serving as directors of the company or external
that office.	ne case of new directors, each person named has consented to assume
1. Full	name / former name, if any:
2. Ident	ity number:
3. Natio	onality:
4. Pass	port number, if not South African:
5. Date	of appointment:
6. Desi	gnation in company:
7. Resid	dential address:
8. Busii	ness address:
9. Posta	al address:
10. Occi	pation:
11. Sout	n African resident: (Yes) (No)

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Date: __ Customer Code: ___ Concerning: (Name and Registration Number of Company) Name: Registration number:_____ 11. S.A. Resident: _____ (Yes)____ (No) 11. S.A. Resident: _____(Yes)____(No) 11. S.A. Resident: _____ (Yes)____ (No) 11. S.A. Resident: _____(Yes)____(No)

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Date:	Customer Code:	
Concerning: (Name and Registration Number of Company)		
Name:	Registration number:	
1	1	
2	1	
3	2	
4	3	
5	4	
6	5	
7	6	
	7	
8		
	8	
9		
	9	
10		
	10	
11. S.A. Resident:(Yes)(No)	11. S.A. Resident: (Yes) (No)	
12	12 (No)	
	12	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
10	10	
11. S.A. Resident: (Yes) (No)	11. S.A. Resident:(Yes)(No)	
12	12	