

## 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)



CC1

## Founding Statement

Before filling in the form, first see notes on page 2.

REGISTRATION NUMBER OF CORPORATION	DATE OF RECEIPT
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Full name of corporation **ECTIVE-IT SERVICES CC**

Literal translation of name (if applicable) **N/A**

Shortened form of name (if applicable) **N/A**

Description of principal business **INTERNET MARKETING, ONLINE-STORE, GRAPHIC DESIGN,  
GOOD AND PASSENGER TRANSPORTATION, IMPORT AND EXPORT.**

Date of end of financial year **END OF NOVEMBER EACH YEAR**

Postal address **P.O.BOX 27394, WINDHOEK, NAMIBIA**

Address of registered office (not post office box) **ERF: 4393 LUWINGU STREET, OTJOMUISE  
WINDHOEK, NAMIBIA**

Email address: **ectiveit@gmail.com**

Name and address of accounting officer **RACHEL N. KASHALA  
P.O.BOX 26689, WINDHOEK  
NAMIBIA**

(Attach written consent to appointment)

Full name of association or body of which accounting officer is a member **SOUTHERN AFRICAN INSTITUTE OF BUSINESS ACCOUNTANTS**

Membership/Practice No. **4132**

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

EACTIVE-IT SERVICES CC

REGISTRATION NUMBER

**PART C**MEMBERS **SIX**Full names and surname **EINO NDEYAMBALA IYAMBO**

		Year	Month	Day										
Identity number or date of birth	(i)	8	9	0	5	0	6	0	0	6	9	7		
Registration number	(ii)													

Percentage of interest **16.667%** Particulars of contribution **N\$ 16.667**Residential address **ERF: 4393, LUWINGU STREET, OTJOMUISE, WINDHOEK, NAMIBIA**Postal address **P.O.BOX 27394, WINDHOEK, NAMIBIA**Email address: **kalako1911@gmail.com**

Signature of member or representative

Full names and surname **FILEMON NAMEHO**

		Year	Month	Day										
Identity number or date of birth	(i)	8	7	0	8	0	4	0	0	4	6	5		
Registration number	(ii)													

Percentage of interest **16.667%** Particulars of contribution **N\$ 16.667**Residential address **ERF: KKA-150, BARRENT STREET, GOREANGAB DAM, WINDHOEK, NAMIBIA**Postal address **P.O.BOX 1342, WINDHOEK, NAMIBIA**Email address: **fnameho187@gmail.com**

Signature of member or representative

Witness Signature \_\_\_\_\_ Date of signature \_\_\_\_\_

Full names **ELIZABETH MAANO KANDJABANGA**Residential address **NO 17, ROCKEY VALLEY, SAO TOME STREET, ROCKY CREST, WINDHOEK, NAMIBIA**Business address **ERF: 284, NO 3 KOCK AND SCHMIDT BUILDING, GARTEN STREET WINDHOEK, NAMIBIA**Postal address **P.O.BOX 25409, WINDHOEK, NAMIBIA**Email address: **dnltrading2017@gmail.com**

REGISTRATION NUMBER

**PART C**MEMBERS **SIX**Full names and surname **DROTEA HIPUHANHU HAIPA**

		Year		Month		Day								
Identity number or date of birth (i)		8	3	0	2	1	4	1	0	4	7	2		
Registration number (ii)														

Percentage of interest **16.667%** Particulars of contribution **N\$ 16.667**Residential address **ERF: 377 AUDREY STREET, GREENWELL, WINDHOEK, NAMIBIA**Postal address **P.O.BOX 24133, WINDHOEK, NAMIBIA**Email address: **haipadrotea@gmail.com**

Signature of member or representative

Full names and surname **MATTY TANGOMWA ENKALI**

		Year		Month		Day								
Identity number or date of birth (i)		9	4	1	0	2	8	0	0	1	3	1		
Registration number (ii)														

Percentage of interest **16.667%** Particulars of contribution **N\$ 16.667**Residential address **ERF 4393 LUWINGU STREET, OTJOMUISE, WINDHOEK, NAMIBIA**Postal address **P.O.BOX 27394, WINDHOEK, NAMIBIA**Email address: **mt.enkali@gmail.com**

Signature of member or representative

Witness Signature Date of signature

Full names **ELIZABETH MAANO KANDJABANGA**Residential address **NO 17, ROCKEY VALLEY, SAO TOME STREET, ROCKY CREST, WINDHOEK, NAMIBIA**Business address **ERF: 284, NO 3 KOCK AND SCHMIDT BUILDING, GARTEN STREET WINDHOEK, NAMIBIA**Postal address **P.O.BOX 25409, WINDHOEK, NAMIBIA**Email address: **dnltrading2017@gmail.com**

NAME OF CORPORATION

**ECTIVE-IT SERVICES CC**

REGISTRATION NUMBER

**PART C**MEMBERS **SIX**Full names and surname **MELESA MATUMBWANANI TJARI**

	Year	Month	Day											
Identity number or date of birth (i)	8	9	0	8	1	4	0	0	2	4	7			
Registration number (ii)														

Percentage of interest **16.667%** Particulars of contribution **N\$ 16.667**Residential address **ERF: 2603 KIGALI STREET, WANAHENDA, WINDHOEK, NAMIBIA**Postal address **P.O.BOX 26484, INDEPENDENCE AVENUE (TOWN), WINDHOEK, NAMIBIA**Email Address: **tjariimatumbwa@gmail.com**

Signature of member or representative

Full names and surname **ELIFAS KAMBUTA MUTOMEKA**

	Year	Month	Day											
Identity number or date of birth (i)	0	1	0	3	2	8	0	1	0	2	6			
Registration number (ii)														

Percentage of interest **16.667%** Particulars of contribution **N\$ 16.667**Residential address **UNIT 17, STOCKHORN, EXT.5 OTJOMUISE, WINDHOEK, NAMIBIA**Postal address **P.O.BOX 833, ONDANGWA, NAMIBIA**Email address **ekmutomeka@gmail.com**

Signature of member or representative

Witness Signature Date of signature

Full names **ELIZABETH MAANO KANDJABANGA**Residential address **NO 17, ROCKEY VALLEY, SAO TOME STREET, ROCKY CREST, WINDHOEK, NAMIBIA**Business address **ERF: 284, NO 3 KOCK AND SCHMIDT BUILDING, GARTEN STREET WINDHOEK, NAMIBIA**Postal address **P.O.BOX 25409, WINDHOEK, NAMIBIA**Email Address: **dnltrading2017@gmail.com**

NAME OF CORPORATION

ECTIVE-IT SERVICES CC

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 \_\_\_\_\_

REGISTRATION NUMBER	
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PART C

MEMBERS

Full names and surname

		Year	Month	Day										
Identity number or date of birth	(i)													
Registration number	(ii)													

Percentage of interestParticulars 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 interestParticulars of contribution

Residential address

Postal address

Email address

Signature of member or representative

Witness SignatureDate of signature

Full names

Residential address

Business address

Postal address

Email address

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REPUBLIC OF NAMIBIA  
BUSINESS AND INTELLECTUAL PROPERTY AUTHORITY - BIPA  
CLOSE CORPORATIONS ACT, 1988  
(Section 13, 14, 27 and 60)  
(Regulations 3, 10 and 13)

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(To be lodged in triplicate together with the Founding Statement)

**Certificate of Incorporation**

REGISTRATION NUMBER OF CORPORATION
CC        /

This is to certify that the Founding Statement (CC 1) of

**ECTIVE-IT SERVICES CC**

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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)

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NAME OF CORPORATION

**ECTIVE-IT SERVICES CC**

REGISTRATION NUMBER

The above-named corporation has been converted from company:

Reg. No.

**FOR OFFICE USE**

Founding Statement registered

Registrar of Close Corporations

Date

Data Processing

Classification

Recorded

Signature and  
date

**N\$ 150,00** fee payable  
in terms of the Act and  
as set out in the  
regulations

**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);	