

SIX YEARS CONSULTING BUSINESS REGISTRATION FORM

Six Years Consulting Services

PO Box 23240
Windhoek
Namibia
Tel: +264 81 582 6348
Email: sixyears.consultingservices@gmail.com

NB: All the payments are upfront

1.

(Indicate with a cross)

| Types Of Business | Package Fee | |
|--|-------------|--|
| 1. General Business (Close Corporation) CC | N\$1,400 | |
| 2. Micro lender (Cash Loan) | N\$1,950 | |
| 3. Private Company (Pty Ltd) | N\$3,800 | |
| 4. Non Profit Organization (Section 21) | N\$3,800 | |
| 5. Copyright/ Patent | N\$3,000 | |
| 6. Trademark (less than 1 category) | N\$4,000 | |
| 7. Real Estate (CC) | N\$ 1,800 | |
| 8. Shuttle Business | N\$1,800 | |

2. APPLICANT DETAILS

Applicant Name: _____ DATE: ____/____/2026

Business/Entity/Church Names: **(Give at least 3 choices)**

- _____
- _____
- _____

Business Description (Indicate **cash loan** if its a micro lender), church services if it's a church and 5 services only if it's a General CC or Pty registration.

- _____
- _____
- _____
- _____
- _____

MEMBERS

1st Member's Name: _____
Residential Address: _____
Postal Address: _____
Email Address: _____
Individual Tax Number: _____
Percentage of interest: _____
Contact Number: _____

2nd Member's Name: _____
Residential Address: _____
Postal Address: _____
Email Address: _____
Individual Tax Number: _____
Percentage of interest: _____
Contact Number: _____

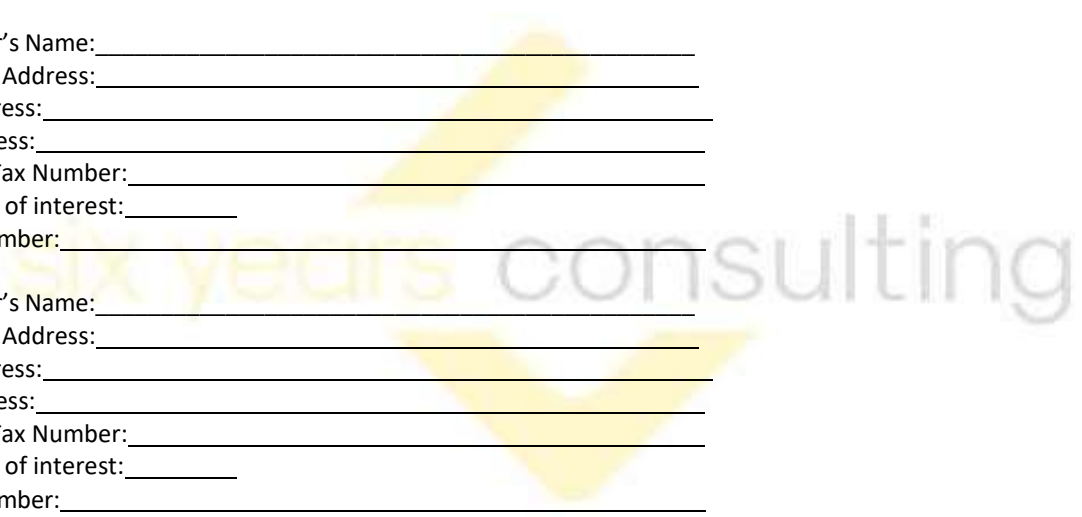
3rd Member's Name: _____
Residential Address: _____
Postal Address: _____
Email Address: _____
Individual Tax Number: _____
Percentage of interest: _____
Contact Number: _____

4th Member's Name: _____
Residential Address: _____
Postal Address: _____
Email Address: _____
Individual Tax Number: _____
Percentage of interest: _____
Contact Number: _____

5th Member's Name: _____
Residential Address: _____
Postal Address: _____
Email Address: _____
Individual Tax Number: _____
Percentage of interest: _____
Contact Number: _____

6th Member's Name: _____
Residential Address: _____
Postal Address: _____
Email Address: _____
Individual Tax Number: _____
Percentage of interest: _____
Contact Number: _____

7th Member's Name: _____
Residential Address: _____
Postal Address: _____
Email Address: _____
Individual Tax Number: _____
Percentage of interest: _____
Contact Number: _____



3. ALLOCATION OF THE RESOURCE AND BANK DETAILS

| For Office Use Only | |
|---|--|
| Form Received By:..... | Date of Commecement:...../.....20..... |
| Date:..... | Allocated Resource :..... |
| Signature:..... | Town:..... |
| Proof Of Payment Received Cash <input type="checkbox"/> EFT <input type="checkbox"/> Bank Deposit <input type="checkbox"/> | BANK DETAILS Account Name: Six Years Consulting Account Number: 64280425644 Account Type: FNB, Gold Business Acc. Account Branch: Windhoek Main Branch Pay 2 cell #: 081582 6348(Whatsapp PoP) |

NB: Email this application with your proof of payment to sixyears.consultingservices@gmail.com

4. SIX YEARS RULES, REGULATIONS AND ACKNOWLEDGMENT

1. Partial (half) deposits were discontinued in June 2023.
2. All required addresses must be completed in full (e.g. Erf 123, ABC Street, Klein Windhoek, Windhoek, Namibia).
3. If an approved name reservation expires due to non-compliance with our instructions, a reapplication fee of **N\$200** will apply.
4. If a cash loan client fails to submit the required licensing documents within **four (4) months**, the process will be withdrawn. A fee of **N\$1,100** will be required to reactivate the service.
5. No refunds shall be issued once full payment has been made by mutual agreement.
6. Any service process shall commence only upon confirmation of payment.
7. Standard/General CC registration takes **18 working days**. For delays, contact **081 582 6348**.
8. Full Cash Loan Registration takes **22 working days**. Licensing takes approximately **45 working days**, including approval. Follow up at **081 582 6348** if delayed.
9. Church and (Pty) registrations take **15 working days** from the final date of signature. Report delays to **081 582 6348**.
10. All reports and enquiries must be emailed to **sixyears.consultingservices@gmail.com**, with an appropriate subject line: *Attention: Mr Malakia Jacob, Managing Director*.
11. If you do not have an individual Tax number then you are subjected to pay **N\$200** extra for the individual registration.
12. Church/NGO members do not need to indicate Tax Numbers

Acknowledgement

I, _____(Main Representative), confirm that I have read, understood, and agreed to the above rules and regulations governing my registration process.

Signature: _____

Full Name: _____

Date: ____ / ____ / 2026

OUR PHYSICAL OFFICES

Windhoek: No 43, Banhoff Street, Behind FNB John Meinert Bank, CBD
Walvis Bay: No 23, 6th Street, CBD