

**Companies and Intellectual Property Commission
Republic of South Africa**

Form CoR 11.1

- This form is issued in terms of section 12 (5) of the Companies Act, 2008, and Regulation 11 of the Companies Regulations, 2011.
- A separate application must be filed for each name to be transferred, and may be filed by or on behalf of either the transferor or transferee
- If either the applicant or the transferee is a juristic person, please attach a separate sheet providing contact details of the person authorised to discuss the application, unless the person filing the application is the same person who filed the application to reserve or register the name.
- A fee of R75 must accompany this application if the application is submitted electronically or R100 in any other case.
- If any question on Form CoR 9.1 relating to the reservation of this name was answered "Yes" or if this application seeks to transfer a defensive name registration, please attach a separate sheet setting out the satisfactory evidence required by Regulation 8 (3) to (6), 10 (1) (b)(ii) and 11 (1)(b), as applicable.
- The reservation/registration of a name is not transferred until the Commission has issued a Confirmation Notice in Form CoR 9.1 in response to this application.

**Contacting the
Commission**

The Companies and Intellectual
Property Commission of South Africa

Postal Address

PO Box 429
Pretoria
0001
Republic of South Africa
Tel: 086 100 2472

www.cipc.co.za

**Application to Transfer a Reserved
or Defensively Registered Name**

Applicant: _____

Customer Code: _____

(Name, address and identity or registration number of Applicant:)

Name: _____

Address: _____

Identity/Reg No: _____

The Applicant applies to transfer the reservation or registration of the following name in terms of section 12(5) of the Companies Act, 2008:

(Insert the reserved name and the reservation number, or defensive name or registration number as shown on Form CoR 9.4)

Name: _____

Number: _____

The reserved or registered name is to be transferred from the Applicant, as identified above to the following person:

(Name, address and identity or registration number of Applicant:)

Name: _____

Address: _____

(If the applicant is not the Transferor of the name concerned, the Transferor must complete the following Declaration:)

I consent to the transfer of a name as applied for in this application.

Signature

Date

I declare that the information in this application is true. If I am not the applicant, I declare that the Applicant has authorised me to make this application.

Signature

Date

**For Commission
Use only**

Commission file number:

Date filed:
