



# Companies Tribunal Republic of South Africa

## Compliant Referral

(Referral must be filed in duplicate)

### Form CTR 140

#### About this Form

- This form is issued in terms of section 170 of the Companies Act, 2008, and Regulation 140 (3) of the Companies Regulations, 2011.
- Hearings of the Companies Tribunal are governed by Sections 180 to 184 of the Companies Act, and Chapter 7 Part D of the Companies Regulations.
- This referral, and the affidavit in support of it, must be served on each respondent within 5 business days after it is filed.
- Each respondent named in the Application has the right to file an Answer within 20 business days after being served.

#### Contacts

##### Physical address

the dti Campus Block E - 3rd  
Floor  
77 Meintjies Street  
Sunnyside  
Pretoria, 0002

##### Postal address

P.O.Box 27549  
Sunnyside  
Pretoria, 0132  
Republic of South Africa  
Tel: + 27 (0)123943071  
Fax: 012 3944071  
Email:  
[registry@companiestribunal.org.za](mailto:registry@companiestribunal.org.za)

Website:  
[www.companiestribunal.org.za](http://www.companiestribunal.org.za)

Date: \_\_\_\_\_

From:  The Commission  The Takeover Regulation Panel

To: **The Companies Tribunal, and**  
(Name, registration number and address of respondent(s). Use additional sheet if required)

Name: \_\_\_\_\_ Reg No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

#### Concerning:

(Name and file number of complaint being referred)

Name: \_\_\_\_\_

File No: \_\_\_\_\_

The issuing authority, having investigated the complaint, seeks the following order(s) against the respondent

\_\_\_\_\_  
(Insert the relief order sought)

In terms of \_\_\_\_\_  
(Insert the section of the Act, or the Regulation, that provides for the order of relief sought)

For the following reasons:

(Insert a concise statement of the circumstances, and the particulars of the conduct)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In support of this Notice, the issuing authority has attached an affidavit setting out the relevant facts.

**Name and Title** (person signing on behalf of the Commission or Panel):

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact No:** \_\_\_\_\_

**Authorised Signature:** \_\_\_\_\_