Form 26

(Regulation 27)

(In typescript and completed in duplicate)



**THE PATENTS AND COMPANIES REGISTRATION AGENCY**

**The Companies Act, 2017**

**(Act No. 10 of 2017)**

**\_\_\_\_\_\_\_\_\_\_\_\_**

**The Companies (Prescribed Forms) Regulations, 2018**

***(Section 194)***

***Available at*** [***www.pacra.org.zm***](http://www.pacra.org.zm)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RETURN ON DISTRIBUTION ACCUMULATED PROFITS IN REDUCTION**  **OF PAID UP SHARE CAPITAL** | | | | | | | | | |
| **PART A**  **COMPANY DETAILS** | | | | | | | | | |
|  | Company Number  *Indicate the 12 digit registration number* | | |  | | | |  | |
|  | Company Name  *Indicate the name as captured on the certificate of incorporation* | | |  | | | |  | |
|  | Phone Number  *Include the international code (e.g. +260 for Zambia)* | | *Mobile* |  | | | |  | |
| *Landline* |  | | | |
|  | Email Address | | |  | | | |  | |
| **PART B**  **PARTICULARS OF NOTICE** | | | | | | | | | |
|  | Amount Accumulated | | |  | | | |  | |
|  | Amount to be distributed | | |  | | | |  | |
|  | Share Capital | | *Current* |  | | | | *Indicate Nominal Capital before and after alteration* | |
| *New* |  | | | |
|  | Paid up capital | | *Current* |  | | | | *Indicate the Paid Up Capital before and after alteration* | |
| *New* |  | | | |
|  | Class of shares  *If “other” indicate the specific class of shares* | | | ORDINARY | | PREFERENTIAL | OTHER |  | |
|  | Number of shares | | *Current* |  | |  |  | *Indicate number of shares before and after alteration* | |
| *New* |  | |  |  |
|  | Par Value | | *Current* |  | |  |  |  | |
| *New* |  | |  |  |  | |
|  | Other Particulars  *(Optional)* | | |  | | | |  | |
| **PART C**  **DECLARATION** | | | | | | | | | |
|  | I, the undersigned, confirm that I have been duly authorised as a representative or agent of the company.  First Name:  Surname:  Capacity: Director Secretary  Signature: Date: | | | | | | | | |
| **PART D**  **PARTICULARS OF PERSON LODGING NOTICE** | | | | | | | | | |
|  | First Name | | | |  | | | |  |
|  | Surname | | | |  | | | |
|  | Gender | | | |  | | | |
|  | Date of Birth | | | |  | | | |
|  | Nationality | | | |  | | | |  |
|  | Identity Type  For Zambians: *NRC*  For non-Zambians: *NRC/Passport/ Driver’s Licence/Resident Permit* | | | |  | | | |  |
|  | Identity Number | | | |  | | | |
|  | Phone Number | *Mobile* | | |  | | | |
| *Landline* | | |  | | | |
|  | Email Address | | | |  | | | |  |
|  | Physical Address | *Plot/House/ Village* | | |  | | | |  |
| *Street* | | |  | | | |
| *Area* | | |  | | | |
| *Town* | | |  | | | |
| *Province* | | |  | | | |
| *Country* | | |  | | | |
|  | Signature: Date: | | | | | | | | |
| *The form must be accompanied by a special resolution to reduce paid up capital and a tax clearance certificate* | | | | | | | | | |