Form 28

(Regulation 29)

(In typescript and completed in duplicate)



**THE PATENTS AND COMPANIES REGISTRATION AGENCY**

**The Companies Act, 2017**

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

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

***(Section 238)***

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

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| **PARTICULARS OF SERIES OF DEBENTURES WHERE PROPERTY IS CHARGED**  |
| **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 |  |  |
|  | Physical Address*State the registered office of the Company* | *Plot/House/ Village* |  |  |
| *Street* |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
|  | Postal Address*State the notification address of the Company* | *Post Box* |  |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| **PART B****DETAILS OF SERIES OF DEBENTURE** |
|  | Charge Number*Where applicable* |  |  |
|  | Particulars of series of debentures |  |  |
|  | Total amount secured |  |  |
|  | Date of resolution authorising issue of series  |  |  |
|  | Date of document creating security*Where applicable* |  |  |
|  | Description of property charged |  |  |
|  | Date of issue |  |  |
|  | Particulars of commission, allowance or discount*Indicate any commission, allowance or discount that may be payable to an agent.* |  |  |
| **PART C****DETAILS OF CREDITOR** |
|  | First Name |  |  |
| Surname |  |
| Gender |  |
| Date of Birth |  |
| Nationality |  |  |
| Identity TypeFor Zambians: *NRC* For non-Zambians: *NRC/Passport/ Driver’s Licence/Resident Permit* |  |  |
| Identity Number |  |
| Name of Body Corporate *Where applicant is a Body Corporate* |  |  |
| Nature of Body Corporate*Where applicant is a Body Corporate, indicate whether applicant is a Company, Co-operative, Trust, Society, Etc.* |  |
| Registration Number, Date and Country of Incorporation of Body Corporate*Where applicant is a Body Corporate* |  |  |
| Phone Number | *Mobile* |  |  |
| *Landline* |  |
| Email Address |  |  |
|  | Physical Address*State the registered office of the Company* | *Plot/House/ Village* |  |  |
| *Street* |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| *Country* |  |
|  | Postal Address*State the notification address of the Company* | *Post Box* |  |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| *Country* |  |
| **PART D****DETAILS OF ASSIGNEE*****(If any)*** |
|  | First Name |  | *Attach certified copy of the document containing the charge* |
| Surname |  |
| Gender |  |
| Date of Birth |  |
| Nationality |  |
| Identity TypeFor Zambians: *NRC* For non-Zambians: *NRC/Passport/ Driver’s Licence/Resident Permit* |  |
| Identity Number |  |
| Name of Body Corporate *Where applicant is a Body Corporate* |  |
| Nature of Body Corporate*Where applicant is a Body Corporate, indicate whether applicant is a Company, Co-operative, Trust, Society, Etc.* |  |
| Registration Number, Date and Country of Incorporation of Body Corporate*Where applicant is a Body Corporate* |  |
| Phone Number | *Mobile* |  |
| *Landline* |  |
| Email Address |  |
|  | Physical Address*State the registered office of the Company* | *Plot/House/ Village* |  |  |
| *Street* |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| *Country* |  |
|  | Postal Address*State the notification address of the Company* | *Post Box* |  |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| *Country* |  |
| **PART E****PARTICULARS OF PERSON LODGING DOCUMENTS** |
|  | First Name |  |  |
|  | Surname |  |
|  | Gender |  |
|  | Date of Birth |  |
|  | Nationality |  |  |
|  | Identity TypeFor 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: |
| *Attach a certified copy of the instrument by which the charge is created or evidenced* |