Form 3

(Regulation 4)

(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 12, 13 and 94)***

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

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| **APPLICATION FOR INCORPORATION** | | | | | | | | | | |
| **PART A**  **COMPANY DETAILS** | | | | | | | | | | |
|  | Type of Company  *Select one type of Company by marking with “X”* | | Private Company Limited By Shares | | | | | |  | *Ensure that the members of the company understand the kind of company being incorporated and the liability it carries* |
| Private Company Limited By Guarantee | | | | | |  |
| Public Limited Company | | | | | |  |
| Unlimited Private Company | | | | | |  |
|  | Company Category  *Select category of Company by marking with “X”* | | Local Bank | | | | | |  |  |
| Foreign Bank | | | | | |  |
| Insurance Company | | | | | |  |
| Re-Insurance Company | | | | | |  |
| Bureau De Change | | | | | |  |
| Financial Institution | | | | | |  |
| Other *(Specify)* | | | | | |  |
|  | Company Name  *Ensure that the name is captured exactly as approved by Company Registry and has not expired* | |  | | | | | | |  |
|  | Principal Business Activity | |  | | | | | | | *Business activity to be classified in accordance with the ISIC Classification. A full list of the trade classification codes is available on our website: www.pacra.org.zm* |
|  | Other Business Activities | |  | | | | | | |
|  | Whether Articles Restrict Nature of Business  *Mark with “X”* *As Appropriate* | |  | | | | | | |  |
| NO | |  | YES | |  |  |  |
|  | | | | | | |  |
|  | Type of Articles  *Mark With “X”* *As Appropriate* | |  | | | | | | |  |
| STANDARD | |  | NON-STANDARD | |  |  |  |
|  | | | | | | |  |
|  | 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* |  | | | | | | |
|  | Phone Number  *Include the international code (e.g. +260 for Zambia)* | *Mobile* |  | | | | | | |  |
| *Landline* |  | | | | | | |
|  | Email Address | |  | | | | | | |  |
|  | Nominal Capital or Guaranteed Amount  *Nominal Capital or Guaranteed amount must not be less than the prescribed minimum* | |  | | | | | | |  |
|  | Class of Shares  *If other indicate the specific class of shares.* | | ORDINARY | PREFERENTIAL | | | OTHER | | | *Not applicable to companies limited by guarantee* |
|  | Number of Shares | |  |  | | |  | | |
|  | Par Value | |  |  | | |  | | |
|  | Financial Year End  *The first financial year end must not be more than 12 months from the date of incorporation* | |  | | | | | | |  |
|  | Pledged Investment Amount  *In case of* *Foreign Investors state the amount and period for pledged investment* | |  | | | | | | |  |

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| **PART B**  **FIRST DIRECTORS**  *Note: Minimum of two Directors for private and three for public limited companies. The number of directors resident in Zambia shall not be less than half the number of directors appointed* | | | | | |
| **PARTICULARS OF DIRECTOR** | | | | |  |
|  | 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  *Include the international code (e.g. +260 for Zambia)* | *Mobile* |  |  |
| *Landline* |  |  |
| Email Address | |  |  |  |
| Physical Address | *Plot/House/ Village* |  |  |  |
| *Street* |  |  |
| *Area* |  |  |
| *Town* |  |  |
| *Province* |  |  |
| *Country* |  |  |
|  | DECLARATION FOR CONSENT TO ACT AS DIRECTOR*:*  We, whose name(s) and particulars appear above, consent to act as director(s) for the above mentioned company:  Signature: Date:  Signature: Date: | | | | |
| *Replicate Part B to add more first directors* | | | | | |

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| **PART C**  **SHAREHOLDERS**  *Applicable to Public Company, Private Company Limited by Shares and Unlimited Private Company* | | | | | |
| **PARTICULARS OF SHAREHOLDERS** | | | | |  |
|  | 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 | |  |  |
| 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 | *Plot/House/ Village* |  |  |  |
| *Street* |  |  |
| *Area* |  |  |
| *Town* |  |  |
| *Province* |  |  |
| *Country* |  |  |
|  | Number of Shares | |  |  |  |
| Class of Shares | |  |  |
|  | Signature: Date:  Signature: Date:  *Legal owner(s) to sign if not the Beneficial Owner* | | | | |
| *Replicate Part C to add more Shareholders* | | | | | |

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| **PART D**  **BENEFICIAL OWNERSHIP**  *Applicable to Public Company, Private Company Limited by Shares and Unlimited Private Company* | | | | | | | | | | | | |
| **PARTICULARS OF BENEFICIAL OWNERSHIP** | | | | | | | | | | |  | |
|  | 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 | | |  | | |  | | | |
| Occupation | | |  | | |  | | | |  | |
| 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/ Registered Office Address | | *Plot/House/ Village* |  | | |  | | | |  | |
| *Street* |  | | |  | | | |
| *Area* |  | | |  | | | |
| *Town* |  | | |  | | | |
| *Province* |  | | |  | | | |
| *Country* |  | | |  | | | |
| **DIRECTOR/TRUSTEE OF BODY CORPORATE** | | | | | | | | | | | | |
|  | *No* | *First Name:*  *Surname:* | | *Identity Number:*  *Gender:*  *Email:*  *Phone Number:*  *Nationality:*  *Date of Birth:*  *Occupation:* | | | | *Physical Address:* | | | | *Date Appointed:* |
| *1* |  | |  | | | |  | | | |  |
| *2* |  | |  | | | |  | | | |  |
| *3* |  | |  | | | |  | | | |  |
| *4* |  | |  | | | |  | | | |  |
| **SHAREHOLDER/SETTLER OF BODY CORPORATE** | | | | | | | | | | | | |
|  | *No* | *First Name:*  *Surname:* | *Identity Number:*  *Gender:*  *Email:*  *Phone Number:*  *Nationality:*  *Date of Birth:*  *Occupation:* | | *Physical Address* | *Number of Shares:* | | | | *Class of Shares:* | | *Number of Paid Up Shares:* |
| *1* |  |  | |  |  | | | |  | |  |
| *2* |  |  | |  |  | | | |  | |  |
| *3* |  |  | |  |  | | | |  | |  |
| *4* |  |  | |  |  | | | |  | |  |
| **BENEFICIAL OWNER/BENEFICIARY OF BODY CORPORATE** | | | | | | | | | | | | |
|  | *No* | *First Name:*  *Surname:* | | *Identity Number:*  *Gender:*  *Email:*  *Phone Number:*  *Nationality:*  *Date of Birth:*  *Occupation:* | | | | | *Physical Address* | | | *Nature of Interest* |
| *1* |  | |  | | | | |  | | |  |
| *2* |  | |  | | | | |  | | |  |
| *3* |  | |  | | | | |  | | |  |
| *4* |  | |  | | | | |  | | |  |
|  | Number of Shares (if any) | | |  | | | | | | |  | |
| Class of Shares (if any) | | |  | | | | | | |
| Nature of Beneficial Ownership  *Briefly explain the nature of beneficial ownership (whether trust, legal arrangement etc.) including how ownership control or economic interest is maintained* | | |  | | | | | | |
| Date when beneficial interest was acquired | | |  | | | | | | |
| If beneficial owner is politically exposed person (PEP) as defined in the Financial Intelligence Act No. 46 of 2010, provide details (e.g. position held) | | |  | | | | | | |
|  | DECLARATION OF BENEFICIAL OWNERSHIP*:*  We, whose names and particulars appear above, declare that I am the beneficial owner as indicated above.  Signature: Date:  Signature: Date: | | | | | | | | | | | |
| *Replicate Part D if the Beneficial Owners are more than two* | | | | | | | | | | | | |

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| **PART E**  **GUARANTORS**  *Applicable to Companies Limited by Guarantee* | | | | | |
| **GUARANTOR** | | | | |  |
|  | 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 | |  |  |
| 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 | *Plot/House/ Village* |  |  |  |
| *Street* |  |  |
| *Area* |  |  |
| *Town* |  |  |
| *Province* |  |  |
| *Country* |  |  |
|  | Guaranteed Amount | |  |  |  |
|  | **GUARANTOR’S DECLARATION*:***  We, whose name(s) and particulars appear above, hereby undertake to contribute the guaranteed amount(s) specified:  Signature: Date:  Signature: Date: | | | |  |
| *Replicate Part E to add more Guarantors* | | | | | |

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| **PART F**  **COMPANY SECRETARY** | | | | | |
| **SECRETARY** | | | | |  |
|  | 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 | |  |  |
| 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 | *Plot/House/ Village* |  |  |  |
| *Street* |  |  |
| *Area* |  |  |
| *Town* |  |  |
| *Province* |  |  |
| *Country* |  |  |
| DECLATION FOR CONSENT TO ACT AS COMPANY SECRETARY*:*  I\We, whose name(s) and particulars appear above, consent to act as Company secretary(s) for this Company:  Signature: Date:  Signature: Date: | | | | |  |
| *Replicate Part F to add more Secretaries* | | | | | |

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| **PART G**  **DECLARATION OF COMPLIANCE** | | | | |
| I, …………..…………..…………..…………..…………..do solemnly and sincerely declare that I am: a legal practitioner engaged in the formation of the Company a first director named in the application for incorporation or the first secretary named in the application for incorporation ***(delete whichever is not applicable)*** and that all the requirements of the Companies Act, No 10 of 2017, in respect of matters precedent to the incorporation of the Company and incidental thereto, have been complied with. I make this solemn declaration conscientiously believing the same to be true.  Declared at …………………………. the ………………… day of …………………………………………, 20…………..  Signature: …………………………………. | | | | |
| **PART H**  **PARTICULARS OF PERSON LODGING APPLICATION** | | | | |
|  | 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: | | | |