Form 33

(Regulation 34)

(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**

***(Sections 270, 271 and 273)***

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

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| **ANNUAL RETURN** |
| **PART A****COMPANY DETAILS** |
|  | Company Number*Indicate the 12 digit registration number* |  |  |
|  | Company Name*Indicate the name as captured on the certificate of incorporation* |  |  |
|  | 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 |  |
|  | 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 |  |  |  |
|  | Number of Paid Up Shares |  |  |  |
|  | Number of Unpaid Shares |  |  |  |
|  | Par Value |  |  |  |
| **PART B** **ANNUAL RETURN DETAILS** |
|  | Type of Company*Select one type of Company by marking with “X”****.*** *In case of Public Limited Companies, attach annual audited Financial Statements and updated Beneficial Ownership information.* | Private Limited By Shares |  |  |
| Private Limited By Guarantee |  |
| Unlimited Private Company  |  |
| Public Limited 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)* |  |
|  | Date of Financial Year End |  |  |
| **PART C****DIRECTORS** |
|  | *No* | *First Name:* | *Surname:* | *Identity Number:* | *Date Appointed:* |
| *1* |  |  |  |  |
| *2* |  |  |  |  |
| *3* |  |  |  |  |
| *4* |  |  |  |  |
| **PART D****SHAREHOLDERS** |
|  | *No* | *First Name:* | *Surname:* | *Identity Number:* | *Number of Shares:* | *Class of Shares:* | *Number of Paid Up Shares:* |
| *1* |  |  |  |  |  |  |
| *2* |  |  |  |  |  |  |
| *3* |  |  |  |  |  |  |
| *4* |  |  |  |  |  |  |
| **PART E****BENEFICIAL OWNERS** |
|  | *No* | *First Name:* | *Surname:* | *Identity Number:* | *Nature of Interest* |
| *1* |  |  |  |  |
| *2* |  |  |  |  |
| *3* |  |  |  |  |
| *4* |  |  |  |  |
| **PART F****DECLARATION** |
|  | First Name:Surname:Capacity: Director Secretary Receiver/LiquidatorSignature: Date: |
| **PART G****PARTICULARS OF PERSON LODGING NOTICE** |
|  | 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 Numbers *Include the international code (e.g. +260 for Zambia)* | *Mobile* |  |
| *Landline* |  |
|  | Email Address |  |  |
|  | Physical Address*State the principal office of the Company* | *Plot/House/ Village* |  |  |
| *Street* |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| *Country* |  |
|  | Signature: Date: |