Form 8

(Regulation 9)

(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 48, 49, 50, 51, 52 and 53)***

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

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| --- |
| **APPLICATION FOR CONVERSION OF A COMPANY** |
| **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 |  |  |
|  | Reason for Change*Provide Reasons For Conversion.* |  |  |
|  | Type of Company*Select one type of company by marking with “X”* | Private Company Limited by Shares  |  |  |
| Private Company Limited by Guarantee |  |
| Public Limited Company |  |
| Unlimited Private Company |  |
|  | Conversion Date *Provide Reasons For Conversion.* |  |  |
|  | New Company Type*Select one type of company by marking with “X”* | Private Company Limited by Shares  |  |  |
| Private Company Limited by Guarantee |  |
| Public Limited Company |  |
| Unlimited Private Company |  |
| ***This form must be accompanied by a special resolution and other documents as specified under section 54*** |
| **PART B** **DECLARATION** |
|  | *I, the undersigned, declare that the information stated in this document is true and correct.**Identity Number:**First Name:**Surname:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Capacity:* | *Director* |  | *Secretary* |  |

*Signature: Date:* |
| **PART C** **PARTICULARS OF PERSON LODGING APPLICATION** |
|  | 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: |