Form 9

(Regulation 10)

(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 57)***

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

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| **NOTICE TO DISPENSE WITH HOLDING OF ANNUAL GENERAL MEETING** |
| **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 |  |  |
|  | Type of Company*Select one type of company by marking with “X”* | Private Company Limited by Shares  |  |  |
| Private Company Limited by Guarantee |  |
| Unlimited Private Company |  |
|  | Date of Resolution *The date must be before the financial year end* |  |  |
|  | Financial Year*Indicate the year to which the AGM relates* |  |  |
|  | Reason for dispensing with AGM  |  |  |
| ***Note that forms must be in typescript and in duplicate and that this only applys to private companies and only in respect of meetings other than the first annual general meeting. An annual general meeting can only be dispensed with if all members entitled to attend and vote agree in writing before the end of the financial year*** |
| **PART B** **DECLARATION** |
|  | *I, the undersigned, being a director or secretary, declare that the Company has resolved to dispense with the holding of the annual general meeting.**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: |