Form 39

(Regulation 40)

(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 302)***

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOTICE OF ALTERATION OF REGISTERED PARTICULARS**  **OF A FOREIGN 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 | | | | | | | | |  | | | | |  | |
|  | Nature of Change | | | | | | | | | Articles of Association | | | |  |  | |
| Memorandum of Association | | | |  |
| Company Name | | | |  |
| Beneficial Ownership | | | |  |
| Address | | | |  |
| Directorship | | | |  |
| Documentary Agent | | | |  |
| Other (Specify): | | | | |
|  | Particulars of Change | | | | | | | | |  | | | | |  | |
|  | Indicate Whether Change Relates to Company in Country of Origin or Company Registered in Zambia | | | | | | | | |  | | | | |  | |
| **PART B**  **CHANGE OF DOCUMENTARY AGENT** | | | | | | | | | | | | | | | | |
| **DETAILS OF NEW DOCUMENTARY AGENT** | | | | | | | | | | | | | | |  | |
|  | | | 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* | | | | |  | | | | |
|  | | | ACCEPTANCE OF APPOINTMENT AS DOCUMENTARY AGENT  I/We, whose names and particulars appear above, accept to be appointed as Documentary Agent for this Company:  Signature: Date: | | | | | | | | | | | | | |
| *Continue with part B to add more agents* | | | | | | | | | | | | | | | | |
| **PART C**  **PARTICULARS OF NEW LOCAL DIRECTORS**  *Note: Minimum of one local director* | | | | | | | | | | | | | | | | |
| **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*:*  I, whose names and particulars appear above, consent to act as director for the above mentioned company:  Signature: Date: | | | | | | | | | | | | | | |
| *Continue with Part C to add more directors* | | | | | | | | | | | | | | | | |
| **PART D**  **BENEFICIAL OWNERSHIP IN COUNTRY OF ORIGIN** | | | | | | | | | | | | | | | | |
| **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:* | | | | *Date Appointed:* |
| *1* |  | | | |  | | | |  | | | |  |
| *2* |  | | | |  | | | |  | | | |  |
| *3* |  | | | |  | | | |  | | | |  |
| *4* |  | | | |  | | | |  | | | |  |
| **SHAREHOLDER/SETTLER OF BODY CORPORATE** | | | | | | | | | | | | | | | | |
|  | | | *No* | *First Name:* | *Surname:* | | | *Identity Number:* | | | *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:* | | | | *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) | | | | |  | | | | | | |
|  | | | *First Name:*  *Surname:*  *Capacity:*  *Signature: Date:* | | | | | | | | | | | | | |
| **PART E**  **PARTICULARS OF PERSON LODGING NOTICE** | | | | | | | | | | | | | | | | |
|  | | | 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: | | | | | | | | | | | | | |