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)**

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**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 TypeFor 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 AGENTI/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 TypeFor 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 TypeFor 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 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: |