Form

(Regulation 2)

(In typescript and completed in duplicate)



**THE PATENTS AND COMPANIES REGISTRATION AGENCY**

**The Corporate Insolvency Act**

**(Act No. 9 of 2017)**

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**The Corporate Insolvency (Insolvency Practitioner Accreditation)**

**Regulations, 2019**

**(Section 142)**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR ACCREDITATION OR RENEWAL OF ACCREDITATION AS INSOLVENCY PRACTITIONER** | | | | | |
| **PART A**  **APPLICANT DETAILS** | | | | | |
|  | First Name | |  | |  |
|  | Surname | |  | |
|  | Gender | |  | |
|  | Date of Birth | |  | |
|  | Nationality | |  | |
|  | Identity Type  For Zambians: *NRC*  For non-Zambians: *NRC/Passport/ Driver’s License/Resident Permit* | |  | |
|  | Identity Number | |  | |
|  | Physical Address | *Plot/House/ Village* |  | |  |
| *Street* |  | |
| *Area* |  | |
| *Town* |  | |
| *Province* |  | |
| *Country* |  | |
|  | Postal Address | *Post Box Number* |  | |
| *Town* |  | |
| *Province* |  | |
| *Country* |  | |
|  | Phone Number *Include the international code (e.g. +260 for Zambia)* | *Mobile* |  | |  |
| *Landline* |  | |
|  | Email Address | |  | |  |
| **PART B**  **APPLICATION DETAILS** | | | | | |
|  | Type of Application  *Select type of application by marking with “X”* | | Application for Accreditation |  | *Indicate whether the application is for accreditation or renewal* |
| Renewal of Accreditation |  |
|  | Accreditation Number  *Applicable for Renewal* | |  | |  |
| **PART C**  **PROFESSIONAL DETAILS** | | | | | |
|  | Profession  *Select type of profession by marking with “X”* | | Legal Practitioner |  |  |
| Chartered Accountant |  |
|  | Membership Number  *Valid membership number from professional body* | |  | |  |
|  | Date admitted to Professional Body  *Date of being admitted to professional body* | |  | |  |
|  | Qualifications of Applicant | |  | |  |
| **PART D**  **DECLARATION** | | | | | |
| I, the undersigned, declare that the above information is true and correct.  First Name:  Surname:  Capacity:  Signature:…………………………………….. Date:………………………………………. | | | | | |
| *Attach certified copies of identity document, professional and academic qualifications* | | | | | |