Form III

(Regulation 4)

(In typescript and completed in duplicate)



**THE PATENTS AND COMPANIES REGISTRATION AGENCY**

**The Corporate Insolvency Act**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Corporate Insolvency (Forms and Fees) Regulations, 2019**

***(Section 118)***

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NOTICE OF CHANGE OF LOCATION OF LIQUIDATOR’S OFFICE AND POSTAL ADDRESS** | | | | | |
| **PART A**  **COMPANY DETAILS** | | | | | |
|  | Company Number  *Indicate the 12 digit registration number* | |  | |  |
|  | Company Name  *Indicate the name as captured on the certificate of incorporation* | |  | |
| **PART B**  **PARTICULARS OF LIQUIDATOR** | | | | | |
|  | First Name | |  | |  |
|  | Surname | |  | |
|  | Accreditation Number | |  | | *Indicate the number allocated when accredited as insolvency practitioner* |
| **PART C**  **DETAILS OF CHANGES IN PARTICULARS** | | | | | |
|  | | | **CURRENT DETAILS** | **NEW DETAILS** | |
|  | 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 | |  |  | |
|  | First Name:  Surname:  Capacity:  Signature: Date: | | | | *To be signed by Insolvency Practitioner(s)* |
| **PART D**  **PARTICULARS OF PERSON LODGING DOCUMENT** | | | | | |
|  | 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* |  | |
|  | Phone Number *Include the international code (e.g. +260 for Zambia)* | *Mobile* |  | |  |
| *Landline* |  | |
|  | Email Address | |  | |  |
|  | Signature: Date: | | | | |