Form 13

(Regulation 14)

(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 149)***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOTICE OF ALLOTMENT OF SHARES** | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | |  | | | | | | | | | | | |  | |
|  | Number of Shares Alloted | | | | | |  | | | | | | | | | | | |  | |
|  | Class of Shares  *If “other” indicate the specific class of shares.* | | | | | | ORDINARY | | | | | | PREFERENTIAL | | | | OTHER | |  | |
|  | Number of Shares | | | | | |  | | | | | |  | | | |  | | *Not for limited by guarantee* | |
|  | Number of Paid Up Shares | | | | | |  | | | | | |  | | | |  | |
|  | Number of Unpaid Shares | | | | | |  | | | | | |  | | | |  | |
|  | Par Value of Shares | | | | | |  | | | | | |  | | | |  | |
| **PART B**  **ALLOTTEE SHAREHOLDERS**  *Applicable to Public Company, Private Company Limited by Shares and Unlimited Private Company* | | | | | | | | | | | | | | | | | | | | |
| **PARTICULARS OF SHAREHOLDERS** | | | | | | | | | | | | | | | | | | |  | |
|  | 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* | | | |  | | | | | | | | | | | |
|  | Number of Shares | | *Shares held before allotment* | | | |  | | | | | | | | | | | |  | |
| *Shares allotted* | | | |  | | | | | | | | | | | |
| *Shares held after allotment* | | | |  | | | | | | | | | | | |
|  | Class of Shares | | | | | |  | | | | | | | | | | | |  | |
|  | Numbering of Shares  *Indicate Numbering Of Shares As In The Company Register Of Shares* | | | | | |  | | | | | | | | | | | |  | |
| From | |  | | To | | |  | |  | | |  | |
|  | | | | | | | | | | | |  | |
|  | Date of Allotment | | | | | |  | | | | | | | | | | | |
|  | Consideration for the Shares | | | | | |  | | | | | | | | | | | |
|  | Signature: Date:  *Legal owner to sign if not the Beneficial Owner* | | | | | | | | | | | | | | | | | | | |
| *Continue with Part B to add more allottees* | | | | | | | | | | | | | | | | | | | | |
| **PART C**  **ALLOTTEE BENEFICIAL OWNERSHIP**  *Applicable to Public Company, Private Company Limited by Shares and Unlimited Private Company* | | | | | | | | | | | | | | | | | | | | |
| **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) | | *Shares held before allotment* | | |  | | | | | | | | | | | | |  | |
| *Shares allotted* | | |  | | | | | | | | | | | | |
| *Shares remaining after being allotted* | | |  | | | | | | | | | | | | |
|  | 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) | | | | |  | | | | | | | | | | | | |
|  | DECLARATION  I, whose names and particulars appear below, do consent to the allotment of the shares and declare that the information relating to beneficial ownership is true and correct.  Signature: Date: | | | | | | | | | | | | | | | | | | | |
| *Continue with Part C to add more allottee Beneficial Owners* | | | | | | | | | | | | | | | | | | | | |
| **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 Licence/Resident Permit* | | | | | | |  | | | | | | | | | | | |  |
|  | Identity Number | | | | | | |  | | | | | | | | | | | |
|  | Phone Number | | | | *Mobile* | | |  | | | | | | | | | | | |
| *Landline* | | |  | | | | | | | | | | | |
|  | Email Address | | | | | | |  | | | | | | | | | | | |  |
|  | Physical Address | | | | *Plot/House/ Village* | | |  | | | | | | | | | | | |  |
| *Street* | | |  | | | | | | | | | | | |
| *Area* | | |  | | | | | | | | | | | |
| *Town* | | |  | | | | | | | | | | | |
| *Province* | | |  | | | | | | | | | | | |
| *Country* | | |  | | | | | | | | | | | |
|  | Signature: Date: | | | | | | | | | | | | | | | | | | | |
| **PART C**  **DECLARATION** | | | | | | | | | | | | | | | | | | | | |
|  | I, the undersigned, declare that the information is true and correct.  First Name:  Surname:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Capacity: | Director |  | Secretary |  |   Signature: Date: | | | | | | | | | | | | | | | | | | | |