Form 17

(Regulation 18)

(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 184)***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DECLARATION TO PROVIDE FINANCIAL ASSISTANCE** | | | | | | | | | | | | |
| **PART A**  **COMPANY DETAILS AND PARTICULARS OF FINANCIAL ASSISTANCE** | | | | | | | | | | | | |
|  | 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 | | | | | | | |  | | |  |
|  | Particulars of financial assistance to be given | | | | | | | |  | | | *Provide reasons for providing financial assistance.* |
| **PART B**  **RECEIPIENT DETAILS** | | | | | | | | | | | | |
| **RECEIPIENT OF FINANCIAL ASSISTANCE** | | | | | | | | | | | | |
|  | | Name of Body Corporate | | | | | |  | | | |  |
| Nature of Body Corporate | | | | | |  | | | |  |
| Registration Number, Date and Country of Incorporation of Body Corporate | | | | | |  | | | |  |
| Phone Number | | *Mobile* | | | |  | | | |  |
| *Landline* | | | |  | | | |
| Email Address | | | | | |  | | | |  |
| Physical Address | | *Plot/House/ Village* | | | |  | | | |  |
| *Street* | | | |  | | | |
| *Area* | | | |  | | | |
| *Town* | | | |  | | | |
| *Province* | | | |  | | | |
| *Country* | | | |  | | | |
| **PART C**  **DECLARATION BY A COMPANY PROVIDING ASSISTANCE** | | | | | | | | | | | | |
|  | | We, the undersigned directors, declare that to the best of our knowledge and belief, the company shall be able to pay its debts in full, should it commence winding up within twelve months of the date of the declaration, or as they fall due during the year immediately following that date, in any other case. | | | | | | | | | | |
| ***Directors: ………………………………. (Name of company providing assistance)*** | | | | | | | | | | | | |
|  | | *No* | *First Name:* | | | *Surname:* | | | | *Signature:* | *Date:* | |
| *1* |  | | |  | | | |  |  | |
| *2* |  | | |  | | | |  |  | |
| *3* |  | | |  | | | |  |  | |
| *4* |  | | |  | | | |  |  | |
| ***Directors: ………………………………. (Name of company receiving assistance)*** | | | | | | | | | | | | |
|  | | *No* | *First Name:* | | | *Surname:* | | | | *Signature:* | *Date:* | |
| *1* |  | | |  | | | |  |  | |
| *2* |  | | |  | | | |  |  | |
| *3* |  | | |  | | | |  |  | |
| *4* |  | | |  | | | |  |  | |
| **PART D**  **PARTICULARS OF PERSON LODGING APPLICATION** | | | | | | | | | | | | |
|  | | 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: | | | | | | | | | | |
| *Must be accompanied by a Special Resolution, auditor’s report or court order and a statutory declaration by two or more directors* | | | | | | | | | | | | |