Form 26

(Regulation 27)

(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 194)***

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

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| **RETURN ON DISTRIBUTION ACCUMULATED PROFITS IN REDUCTION** **OF PAID UP SHARE CAPITAL** |
| **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 |  |  |
| **PART B****PARTICULARS OF NOTICE** |
|  | Amount Accumulated |  |  |
|  | Amount to be distributed |  |  |
|  | Share Capital | *Current* |  | *Indicate Nominal Capital before and after alteration*  |
| *New* |  |
|  | Paid up capital | *Current* |  | *Indicate the Paid Up Capital before and after alteration* |
| *New* |  |
|  | Class of shares*If “other” indicate the specific class of shares* | ORDINARY | PREFERENTIAL | OTHER |  |
|  | Number of shares | *Current* |  |  |  | *Indicate number of shares before and after alteration* |
| *New* |  |  |  |
|  | Par Value | *Current* |  |  |  |  |
| *New* |  |  |  |  |
| 1.
 | Other Particulars*(Optional)* |  |  |
| **PART C** **DECLARATION** |
|  | I, the undersigned, confirm that I have been duly authorised as a representative or agent of the company.First Name:Surname:Capacity: Director SecretarySignature: Date: |
| **PART D****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: |
| *The form must be accompanied by a special resolution to reduce paid up capital and a tax clearance certificate* |