Form 33

(Regulation 34)

(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**

***(Sections 270, 271 and 273)***

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

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| **ANNUAL RETURN** | | | | | | | | | | | | |
| **PART A**  **COMPANY DETAILS** | | | | | | | | | | | | |
|  | Company Number  *Indicate the 12 digit registration number* | | |  | | | | | | | |  |
|  | Company Name  *Indicate the name as captured on the certificate of incorporation* | | |  | | | | | | | |  |
|  | Principal Business Activity | | |  | | | | | | | | *Business activity to be classified in accordance with the ISIC Classification. A full list of the trade classification codes is available on our website: www.pacra.org.zm* |
|  | Other Business Activities | | |  | | | | | | | |
|  | Physical Address  *State the registered office of the Company* | | *Plot/House/ Village* |  | | | | | | | |  |
| *Street* |  | | | | | | | |
| *Area* |  | | | | | | | |
| *Town* |  | | | | | | | |
| *Province* |  | | | | | | | |
|  | Postal Address  *State the notification address of the Company* | | *Post Box* |  | | | | | | | |  |
| *Area* |  | | | | | | | |
| *Town* |  | | | | | | | |
| *Province* |  | | | | | | | |
|  | Phone Number  *Include the international code (e.g. +260 for Zambia)* | | *Mobile* |  | | | | | | | |  |
| *Landline* |  | | | | | | | |
|  | Email Address | | |  | | | | | | | |  |
|  | Nominal Capital or Guaranteed Amount  *Nominal Capital or Guaranteed amount must not be less than the prescribed minimum* | | |  | | | | | | | |  |
|  | Class of Shares  *If other indicate the specific class of shares.* | | | ORDINARY | PREFERENTIAL | | | | OTHER | | | *Not applicable to companies limited by guarantee* |
|  | Number of Shares | | |  |  | | | |  | | |
|  | Number of Paid Up Shares | | |  |  | | | |  | | |
|  | Number of Unpaid Shares | | |  |  | | | |  | | |
|  | Par Value | | |  |  | | | |  | | |
| **PART B**  **ANNUAL RETURN DETAILS** | | | | | | | | | | | | |
|  | Type of Company  *Select one type of Company by marking with “X”****.*** *In case of Public Limited Companies, attach annual audited Financial Statements and updated Beneficial Ownership information.* | | | Private Limited By Shares | | | | | |  | |  |
| Private Limited By Guarantee | | | | | |  | |
| Unlimited Private Company | | | | | |  | |
| Public Limited Company | | | | | |  | |
|  | Company Category  *Select category of Company by marking with “X”* | | | Local Bank | | | | | |  | |  |
| Foreign Bank | | | | | |  | |
| Insurance Company | | | | | |  | |
| Re-Insurance Company | | | | | |  | |
| Bureau De Change | | | | | |  | |
| Financial Institution | | | | | |  | |
| Other *(Specify)* | | | | | |  | |
|  | Date of Financial Year End | | |  | | | | | | | |  |
| **PART C**  **DIRECTORS** | | | | | | | | | | | | |
|  | *No* | *First Name:* | | *Surname:* | | | *Identity Number:* | | | | *Date Appointed:* | |
| *1* |  | |  | | |  | | | |  | |
| *2* |  | |  | | |  | | | |  | |
| *3* |  | |  | | |  | | | |  | |
| *4* |  | |  | | |  | | | |  | |
| **PART D**  **SHAREHOLDERS** | | | | | | | | | | | | |
|  | *No* | *First Name:* | *Surname:* | *Identity Number:* | | *Number of Shares:* | | *Class of Shares:* | | | *Number of Paid Up Shares:* | |
| *1* |  |  |  | |  | |  | | |  | |
| *2* |  |  |  | |  | |  | | |  | |
| *3* |  |  |  | |  | |  | | |  | |
| *4* |  |  |  | |  | |  | | |  | |
| **PART E**  **BENEFICIAL OWNERS** | | | | | | | | | | | | |
|  | *No* | *First Name:* | | *Surname:* | | | *Identity Number:* | | | | *Nature of Interest* | |
| *1* |  | |  | | |  | | | |  | |
| *2* |  | |  | | |  | | | |  | |
| *3* |  | |  | | |  | | | |  | |
| *4* |  | |  | | |  | | | |  | |
| **PART F**  **DECLARATION** | | | | | | | | | | | | |
|  | First Name:  Surname:  Capacity: Director Secretary Receiver/Liquidator  Signature: Date: | | | | | | | | | | | |
| **PART G**  **PARTICULARS OF PERSON LODGING NOTICE** | | | | | | | | | | | | |
|  | 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 Numbers *Include the international code (e.g. +260 for Zambia)* | | *Mobile* |  | | | | | | | |
| *Landline* |  | | | | | | | |
|  | Email Address | | |  | | | | | | | |  |
|  | Physical Address  *State the principal office of the Company* | | *Plot/House/ Village* |  | | | | | | | |  |
| *Street* |  | | | | | | | |
| *Area* |  | | | | | | | |
| *Town* |  | | | | | | | |
| *Province* |  | | | | | | | |
| *Country* |  | | | | | | | |
|  | Signature: Date: | | | | | | | | | | | |