Form 40

(Regulation 41)

(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 306)***

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ANNUAL ACCOUNTS OF FOREIGN COMPANY** | | | | | |
| **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 | | |  |  |
|  | Country of Origin | | |  |  |
|  | Date of Financial Year End  *Indicate the date that the statement is made up to* | | |  |  |
|  | Physical Address  *State the registered office of the Company* | | *Plot/House/ Village* |  | *State the principal office of the Company* |
| *Street* |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
|  | Postal Address  *State the notification address of the Company* | | *Post Box* |  | *State the notification address of the Company* |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| **PART B**  **DETAILS OF AUDITORS** | | | | | |
|  | Name of Auditor  *Indicate the names of the Company’s Auditors* | | |  |  |
|  | Registration Number of Audit Firm | | |  |  |
|  | Physical Address  *State the registered office of the Company* | | *Plot/House/ Village* |  |  |
| *Street* |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| *Country* |  |
|  | Postal Address  *State the notification address of the Company* | | *Post Box* |  |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
|  | | | | | |
|  | *First Name:*  *Surname:*  *Capacity:*  *Signature: Date:* | | | | |
| **PART C**  **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 Number | *Mobile* | |  |
| *Landline* | |  |
|  | Email Address | | |  |  |
|  | Physical Address | *Plot/House/ Village* | |  |  |
| *Street* | |  |
| *Area* | |  |
| *Town* | |  |
| *Province* | |  |
| *Country* | |  |
|  | Signature: Date: | | | | |
| *Attach annual accounts and auditor’s report* | | | | | |