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)**

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**The Companies (Prescribed Forms) Regulations, 2018**

***(Sections 306)***

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

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| **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 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: |
| *Attach annual accounts and auditor’s report*  |