Form

(Regulation 2)

(In typescript and completed in duplicate)



**THE PATENTS AND COMPANIES REGISTRATION AGENCY**

**The Corporate Insolvency Act**

**(Act No. 9 of 2017)**

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**The Corporate Insolvency (Insolvency Practitioner Accreditation)**

**Regulations, 2019**

**(Section 142)**

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

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| **APPLICATION FOR ACCREDITATION OR RENEWAL OF ACCREDITATION AS INSOLVENCY PRACTITIONER** |
| **PART A****APPLICANT DETAILS** |
|  | First Name |  |  |
|  | Surname |  |
|  | Gender |  |
|  | Date of Birth |  |
|  | Nationality |  |
|  | Identity TypeFor Zambians: *NRC* For non-Zambians: *NRC/Passport/ Driver’s License/Resident Permit* |  |
|  | Identity Number |  |
|  | Physical Address | *Plot/House/ Village* |  |  |
| *Street* |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| *Country* |  |
|  | Postal Address | *Post Box Number* |  |
| *Town* |  |
| *Province* |  |
| *Country* |  |
|  | Phone Number *Include the international code (e.g. +260 for Zambia)* | *Mobile* |  |  |
| *Landline* |  |
|  | Email Address |  |  |
| **PART B** **APPLICATION DETAILS** |
|  | Type of Application*Select type of application by marking with “X”* | Application for Accreditation |  | *Indicate whether the application is for accreditation or renewal* |
| Renewal of Accreditation |  |
|  | Accreditation Number*Applicable for Renewal* |  |  |
| **PART C** **PROFESSIONAL DETAILS** |
|  | Profession*Select type of profession by marking with “X”* | Legal Practitioner |  |  |
| Chartered Accountant |  |
|  | Membership Number*Valid membership number from professional body* |  |  |
|  | Date admitted to Professional Body*Date of being admitted to professional body* |  |  |
|  | Qualifications of Applicant |  |  |
| **PART D****DECLARATION**  |
| I, the undersigned, declare that the above information is true and correct.First Name:Surname:Capacity:Signature:…………………………………….. Date:………………………………………. |
| *Attach certified copies of identity document, professional and academic qualifications* |