

**APPLICATION FORM**

**APPLICATION FOR REGISTRATION AS CITIZEN INFLUENCED, CITIZEN EMPOWERED, OR CITIZEN OWNED COMPANY FOR THE PURPOSE OF PREFERENTIAL AND RESERVATION SCHEMES AS PROVIDED FOR IN BOTH THE CITIZENS ECONOMIC EMPOWERMENT ACT NO. 9 OF 2006 AND STATUTORY INSTRUMENT NO. 36 OF 2011.**

***NOTE:***

1. This application form comprises eight (8) Parts. Should the space provided on the questionnaire prove insufficient, additional details may be provided on a separate sheet of paper.
2. Renewal of the certificate will be after one (1) year.

**PART I: ENTERPRISE DETAILS**

1. Name of Enterprise (in full): ……………………………………………………………………………………..
2. PACRA Reg No: …………………………………………………………………………………………………..
3. If a cooperative, Cooperative certificate No. ……………………………………………………………...
4. Please indicate (tick) the economic sector in which the enterprise is specialized

|  |  |  |
| --- | --- | --- |
| * 1. Manufacturing
 |  |  |
| * 1. Agriculture
 |  |  |
| * 1. Mining
 |  |  |
| * 1. Trading
 |  |  |
| * 1. Construction (Civil, Road, Building)
 |  |   |
| * 1. Tourism
 |  |  |  |  |
| * 1. Information and Communication Technology
 |  |  |  |  |
| * 1. Energy
 |  |  |  |  |
| * 1. Service
 |  |  |  |  |
| * 1. Other (Specify)
 |  |  |  |  |

1. State nature or type of business involved in………………………………………………………………….

………………………………………………………………………………………………………………………...

1. **Contact Details**

|  |
| --- |
| * 1. Physical Address:
 |
| Constituency: District: Province:  |
| * 1. Telephone Numbers
 | * 1. Cell Number
 |
| * 1. Contact Person
 | * 1. Email
 |

1. Tick the category being applied for:

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Category | % Equity of Citizens | Please Tick One Only |
| 1. | Citizen Influenced Company | From 5 to 25 |  |
| 2. | Citizen Empowered Company  | Above 25 to 50 |  |
| 3. | Citizen Owned Company | Above 50 |  |

1. Name and Nationality of shareholders or partners: Proof must be provided in the form of National Identification Cards i.e. National Registration Card (NRC) or Passport

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Full Names | Sex | Nationality | Identification Number | Type of ID | Age | % share | Person with Disability |
| Yes  | No |
|  |  |  |  |  |  |  |  |  |  |
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**PART II: TARGETED CITIZENS**

Tick where applicable

 **(√)**

|  |  |  |
| --- | --- | --- |
| A | Are you a Youth?  |  |
| B | Are you a Woman? |  |
| C | Are you a Person with Disability? (Indicate Women, Youth, Men) |  |
| d | Are you a Man? |  |

**PART III: CURRENT EMPLOYMENT STATUS AND BUSINESS ACTIVITIES WITH GOVERNMENT**

1. Have you been issued with a certificate before? YES/NO
2. If yes, Indicate date of last certificate Issued: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_
3. Has your business entity recruited additional staff because of the last certificate issued?

|  |  |
| --- | --- |
| **Category of employees** | **Number of employees** |
| Men |  |
| Women |  |
| Persons With Disability |  |
| Youth |  |
| **TOTAL** |  |

1. Kindly provide a detailed list of Government tenders you have successfully bid for in the past year i.e. one year? If any

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Month Tender Awarded | Year Tender Awarded | Name of Public Institution  | Value of Tender (ZMW)  | Months taken by the Government to pay after contract delivery  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PART IV: CLASSIFICATION OF MSMEs AND AMOUNT TO BE PAID (Please Tick)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **CLASSIFICATION** | **SPECIFICATIONS** | **AMOUNT** | **TICK** |
| 1 | MICRO | Annual turnover of up to One Million Kwacha (K1, 000,000) and employing up to ten (10) persons | K500 |   |
| 2 | SMALL | Annual turnover from One Million and One Kwacha (K1,000,001) up to Ten Million Kwacha (K10,000,000) and employing between 11 and 50 people | K1000 |  |
| 3 | MEDIUM | Annual turnover from Ten Million and One Kwacha (K10, 000, 001.00) up to Fifty Million Kwacha (K50, 000, 000.00) and employing between 51 and 100 people | K2000 |  |
| 4 | LARGE | Above conditions of Medium  | K5000 |  |

|  |
| --- |
| **CEEC PREFERENTIAL PROCUREMENT ACCOUNT DETAILS** |
| **BANK NAME** | **ZANACO** |
| **ACCOUNT NAME** | **CEEC OPERATIONS** |
| **ACCOUNT NUMBER** | **1066202300389** |
| **BRANCH NAME** | **PREMIUM HOUSE** |

**PART V: CHECKLIST OF REQUISITE ATTACHMENTS (Please Tick)**

|  |  |  |
| --- | --- | --- |
| A | Latest copy of Company Computer Printout from the Patents and Companies Registration Agency (PACRA) bearing PACRA official stamp or For a company registered within the last 12 months, stamped Articles of Association may be submitted in place of a PACRA Computer Printout |  |
| B | Latest and stamped copy of PACRA Annual Return for a Business Name or Company  |  |
| C | NRCs/Passports for the Shareholders/Coop Executive Members. |  |
| D | Valid Tax Clearance Certificate issued by Zambia Revenue Authority |  |
| E | Proof of registration with Lusaka Stock Exchange LUSE (i.e. in the case of Public Limited Companies PLCs) |  |
| F | By- Laws (for Cooperatives) |  |
| G | Certificate of Incorporation |  |
| H | Certificate of registration for either PACRA/Cooperative Society |  |
| I | Attach copy of Bank receipt as proof of payment with the Company name under Narration/Ref |  |

**PART VI: DECLARATION**

I/We the undersigned do hereby declare as follows:

1. That my/our signing of this application form implies acceptance of responsibility for Accuracy and credibility of all information submitted therein or herewith.
2. That the information given will be used by the Citizens Economic Empowerment Commission (CEEC) for the purpose of evaluating this application for Preferential Procurement registration and that such registration shall be approved at the sole discretion of the CEEC in line with the Preferential Procurement SI Number 36 of 2011.
3. Failure to complete any part of this application form may result in not being registered.

Dated this …………………….. Day of ……………………….. 20 ………………

Signed by ………………………………… *(Name in Capital Letters)*

In the capacity of …………………………………*(Status in the Company)*

*Signature* ……………………………………...