



The Postal Services Act, 2009
 (Act No. 22 of 2009)

The Postal Services (General) Regulations, 2016

REGISTRATION NO:

APPLICATION FOR REGISTRATION OF AGENT () SUBSIDIARY () OF THE ZAMBIA POSTAL SERVICES CORPORATION			
Please complete in block letters	Shaded fields for official use only	License No.	
		Date and Time	
<i>Information Required</i>	<i>Information Provided</i>		√
PARTICULARS OF APPLICANT			
1.	Parent Company Details:		
	(a) Name of business entity		
	(b) Registration No.		
	(c) Tax Payer Identification No.		
2.	Business premises (Head Quarters):		
	(a) Physical Address		
	(b) Postal Address		
	(c) Telephone No.		
	(d) Fax No.		
	(e) Mobile No.		
	(f) Email address		
	(g) District		
	(h) Province		
3.	Subsidiary Company Details		
	(a) Name of business entity		
	(b) Registration No.		
	(c) Tax Payer Identification No.		

4.	Business premises (Head Quarters)		
	(a) Physical Address		
	(b) Postal Address		
	(c) Telephone No.		
	(d) Fax No.		
	(e) Mobile No.		
	(f) Email address		
	(g) District		
	(h) Province		
5.	Nature of Business		
	(a) General Nature of Business		
	(b) Principal Activity		
6.	Area of Coverage		
	List retail outlets by District		

DECLARATION

I declare that all the information I have stated in this application is complete correct and truthful to the best of my knowledge and belief. I understand that submission of false information shall render the application void and that if approval is granted, it shall be revoked and the licence revoked.

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Name *Designation*

.....

Signature *Date*

.....

FOR OFFICIAL USE ONLY

Date of Submission:

Application Number:

Payments Receipt Number:

Application Accepted (Proceed for Inspection):

Application Rejected (Notify applicant on deficiencies):

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OFFICIAL
STAMP

