



BANK *Of* ZAMBIA
**APPLICATION FOR A LICENCE TO OPERATE AS A COMMERCIAL BANK, A
FINANCIAL INSTITUTION OR A FINANCIAL BUSINESS IN ZAMBIA**
(Sections 4(2), 10(2) and 12C(2) of the Banking and Financial Services Act 1994)

(Please read the entire form before completing by typewriter)

1. **NAME OF APPLICANT** *(that is, the organisation)*

2. **PHYSICAL ADDRESS OF APPLICANT'S HEAD OFFICE** _____

3. **APPLICANT'S POSTAL ADDRESS** _____

4. **CONTACT TELEPHONE NUMBER**

(State country and area codes if based outside the Republic of Zambia)

5. **CONTACT FACSIMILE NUMBER**

(State country and area codes if based outside the Republic of Zambia)

6. **E-MAIL ADDRESS** *(Use small letters as per standard)* _____

7. **NATURE OF LICENCE SOUGHT** _____

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8. IN THE CASE OF A COMMERCIAL BANK:

PROPOSED BOARD OF DIRECTORS: STATE NAME, NATIONALITY AND WHETHER RESIDENT OR NON-RESIDENT (*Non-executive directors must be in the majority and more than half the directors must be residing within the Republic of Zambia*)

Name	Nationality	Resident/Non-Resident
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. THE SHARE CAPITAL OF THE COMMERCIAL BANK

(a) AUTHORISED CAPITAL _____

(b) ISSUED CAPITAL _____

(c) PAID UP CAPITAL _____

(Documentary evidence of paid up capital must accompany the application. For example, bank statement and written assurance by the external auditor. If part of the paid up capital is in form of fixed assets, the Registrar will appoint a valuer to assess the value of the assets at the applicant's expense. Such assets must be essential to the operation of a bank or financial institution. Documentary evidence of title to the assets has to be made available to the Registrar on demand).

(d) STATE THE SOURCE OF CAPITAL _____

10 (a) SHAREHOLDERS/SHAREHOLDING OF THE BANK TO BE REGISTERED AS
(Note: The Banking and Financial Services Act prohibits trusts from owning shares either directly or indirectly in a bank or financial institution)

FOLLOWS

Name	Number of Shares	Kwacha Value of Shares	% of Total Shares
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(b) IF SOME SHAREHOLDERS MENTIONED IN 10(a) ABOVE ARE NATURAL PERSONS, STATE THEIR NAMES, NATIONALITY AND PLACE OF PERMANENT RESIDENCE.

Name	Nationality	Place of Permanent Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) IF SOME SHAREHOLDERS MENTIONED IN 10(a) ABOVE ARE UNNATURAL PERSONS/CORPORATE BODIES, STATE THEIR NAMES AND PLACE OF REGISTRATION/INCORPORATION

Name	Place of Registration
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(d) STATE BELOW THE NAMES OF NATURAL PERSONS WHO ARE BENEFICIAL OWNERS OF SHARES IN THE UNNATURAL PERSONS/CORPORATE BODIES MENTIONED IN 10(c) ABOVE AS FOLLOWS:

Corporate Body	Shareholder	% of Total Shares
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**11. (a) BUSINESSES/COMPANIES ASSOCIATED/AFFILIATED WITH DIRECTORS OR
BUSINESSES/COMPANIES IN WHICH DIRECTORS HOLD A SUPERIOR POSITION IN ZAMBIA**

Director's Name	Business Interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**(b) BUSINESSES / COMPANIES ASSOCIATED/AFFILIATED WITH DIRECTORS'
IMMEDIATE FAMILY MEMBERS OR BUSINESSES IN WHICH DIRECTORS'
IMMEDIATE FAMILY MEMBERS HOLD A SUPERIOR POSITION IN ZAMBIA**

Family Member's Name	Business Interests
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12. IN THE CASE OF A FINANCIAL INSTITUTION OR A FINANCIAL BUSINESS:

PROPOSED BOARD OF DIRECTORS: STATE NAME, NATIONALITY AND WHETHER RESIDENT OR NON-RESIDENT

(Locally based directors and non-executive directors must be in the majority).

Name	Nationality	Resident/Non-Resident
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. THE SHARE CAPITAL OF THE FINANCIAL INSTITUTION OR THE FINANCIAL BUSINESS

(a) AUTHORISED CAPITAL _____

(b) ISSUED CAPITAL _____

(c) PAID UP CAPITAL _____

(Documentary evidence of paid up capital must accompany the application. For example, bank statement and written assurance by the external auditor. If part of the paid up capital is in form of fixed assets, the Registrar will appoint a valuer to assess the value of the assets at the applicant's expense. Such assets must be essential to the operation of a bank / financial institution. Documentary evidence of title to the assets has to be made available to the Registrar on demand).

(d) STATE THE SOURCE OF CAPITAL _____

14. SHAREHOLDERS/SHAREHOLDING OF THE FINANCIAL INSTITUTION OR THE FINANCIAL BUSINESS TO BE LICENCED AS FOLLOWS:

(a)	Name	Number of Shares	Kwacha Value of Shares	% of Total Shares

(b) IF SOME SHAREHOLDERS MENTIONED IN 14(a) ABOVE ARE NATURAL PERSONS, STATE THEIR NAMES, NATIONALITY AND PLACE OF PERMANENT RESIDENCE.

Name	Nationality	Place of Permanent Residence

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(c) IF SOME SHAREHOLDERS MENTIONED IN 14(a) ABOVE ARE UNNATURAL PERSONS/CORPORATE BODIES, STATE THEIR NAMES AND PLACE OF REGISTRATION / INCORPORATION

Name	Place of Registration
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(d) STATE BELOW THE NAMES OF NATURAL PERSONS WHO ARE BENEFICIAL OWNERS OF SHARES IN THE UNNATURAL PERSONS/CORPORATE BODIES MENTIONED IN 14(c) ABOVE AS FOLLOWS:

Corporate Body	Shareholder	Kwacha Value of Shares	% of Total Shares
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**15. (a) BUSINESSES/COMPANIES ASSOCIATED/AFFILIATED WITH DIRECTORS OR
BUSINESSES/COMPANIES IN WHICH DIRECTORS HOLD A SUPERIOR POSITION IN ZAMBIA**

Director's Name	Business Interest
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**(b) BUSINESSES / COMPANIES ASSOCIATED/AFFILIATED WITH DIRECTORS'
IMMEDIATE FAMILY MEMBERS OR BUSINESSES IN WHICH DIRECTORS'
IMMEDIATE FAMILY MEMBERS HOLD A SUPERIOR POSITION IN ZAMBIA**

Family Member's Name	Business Interests
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<hr/>	<hr/>
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16. STATE BELOW THE NATURE OF EXISTING BUSINESS INTERESTS, PROFESSION OR OCCUPATION OF PROMOTERS/SHAREHOLDERS OF THE BANK, FINANCIAL INSTITUTION OR FINANCIAL BUSINESS IF THEY ARE NATURAL PERSONS

Name	Business Interests	Profession/Occupation
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17. IN CASE OF A FOREIGN OWNED/CONTROLLED BANK.

(That is, if more than 50% of voting shares are held by non-Zambian residents/corporations registered outside Zambia who are part of an international banking / financial services group).

- (a) Certificate of the regulatory authority governing banks of the country or political subdivision of the country in which the head office of the bank is domiciled, certifying that the bank has been duly incorporated or established and when it was established by, pursuant to, or in accordance with the laws of that country or political subdivision and the title of citation of these laws.
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- (b) A certified copy of the resolution of the directors of the bank authorizing the establishment of the subsidiary in Zambia

18. WHETHER THE DIRECTORS/PROMOTERS/SHAREHOLDERS HAVE ANY EXPERIENCE EXPERTISE OR BACKGROUND IN MANAGING THE BUSINESS OF THE TYPE MENTIONED IN THIS APPLICATION AT 7 ABOVE OR WHETHER THEY ARE/WERE ASSOCIATED WITH ANY OTHER SIMILAR BUSINESS CONCERN AS OWNERS OR OTHERWISE: IF SO GIVE FULL DETAILS,

FORM BFI

19. DETAILS OF PROPOSED TOP/SENIOR EXECUTIVES OF THE COMMERCIAL BANK/FINANCIAL INSTITUTION/ FINANCIAL BUSINESS TO BE LICENCED.

(Please attach curriculum vitae of each of them).

(a) CHIEF EXECUTIVE OFFICER/MANAGING DIRECTOR:

Name	Nationality	Academic/Professional Qualification <i>(Certified copies of certificates to be attached)</i>
_____	_____	_____

(b) CHIEF FINANCIAL OFFICER:

Name	Nationality	Academic/Professional Qualification <i>(Certified copies of certificates to be attached)</i>
_____	_____	_____

20. NAME AND ADDRESS OF APPLICANT'S PROPOSED AUDITORS

21. PLEASE LODGE WITH THIS APPLICATION THE FOLLOWING DOCUMENTS RELATING TO THE BANK/FINANCIAL INSTITUTION/ FINANCIAL BUSINESS TO BE LICENCED

- (a) (i) Articles of Association
- (ii) Business Plan
- (iii) Proforma balance sheet and income statement with relevant assumptions for at least 3 years

22. DOCUMENTS RELATING TO THE PROMOTERS/SHAREHOLDERS OF THE COMMERCIAL BANK/FINANCIAL INSTITUTION/ FINANCIAL BUSINESS TO BE LICENCED IN CASE THEY ARE CORPORATE BODIES/UNNATURAL PERSONS:

- (b) (i) Articles of Association
- (ii) Audited balance sheet and income statement for the last completed financial year immediately preceding the sending of the application.

FORM BFI

23. ATTACH CURRICULUM VITAE OF EACH DIRECTOR

24. STATE WHO IS GOING TO PERFORM THE CONSOLIDATED SUPERVISION OF YOUR GROUP.

(This applies only to subsidiaries of foreign controlled banks / financial services company, where Non-Zambian holds more than 50% of the voting shares in the bank/financial institution residents/corporation(s) who are part of a foreign registered banking group).

25. *I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF THE INFORMATION GIVEN ABOVE IS CORRECT AND TRUE

26. CHAIRMAN _____
(Full Names)

(Signature)

27. CHIEF EXECUTIVE OFFICER _____
(Full Names)

(Signature)

28. DATE _____ **PLACE** _____
(date, month, year) (city/town, country)

**Delete where not applicable*

NOTE: Where the space provided in this form is insufficient to furnish required details, please use a separate sheet of paper indicating the relevant item of the application form. The chairman/chief executive or any duly authorized representative of the applicant company should duly sign such attachment(s).