



(Act No. 16 of 2011)
The Registration of Business Names Regulations, 2011

Please complete in block letters		Shaded fields for official use only	Certificate No. Reference No.
			E-20250317-272722
		Date and Time	28/03/2025 19:43PM
Approved Name of Business:		√	
INDIVIDUAL/ FIRM			
1.	(a) Present Name(s)	NAOMI	
	(b) Surname(s) of Applicant(s)	KAPELE	
	(c) Former Name(s)	NIL	
	(d) Age of applicant(s)	27	
2.	(a) Nationality of applicant(s)	ZAMBIAN	
	(b) Identity card - - National Registration Card No.(s)	535231/10/1	
	- Passport No.(s)	NIL	
3.	(a) Notification address	BARLASTON PARK PLOT 873 LUSAKA	
	Telephone/Cell No(s).	+260767660569 / +260977583629	
	Fax No.	NIL	
	Email address(es)	Walu9963@gmail.com	
	(b) Residential address(es)	BARLASTON PARK PLOT 873 LUSAKA	
IF APPLICANT IS A CORPORATE BODY			
4.	(a) Company name and No.	NIL	
	(b) Business address	NIL	
	(c) Notification/Postal address	NIL	
	(d) Email address	NIL	
GENERAL INFORMATION			
5.	Type of business or undertaking to be conducted	SOFTWARE DEVELOPMENT	

6.	Location of proposed business	Plot No.	Is premises owner occupier or rented premises? (state name of the owner, if rented)		
		PLOT 873	OWNER OCCUPIER		
7.	Proposed date of commencement of business (dd/mm/yy)	07/04/2025			
8.	Financial year end (dd/mm/yy)	26/03/2026			
9.	Have you previously held a certificate of registration which was suspended or cancelled by the Registrar	NIL			
	If yes, specify details:....NIL.....				
	Reason for cancellation:....NIL.....				
	of cancellation:.....				
10.	Do you have a valid registration in respect of any other business name?	NIL			
	If yes, specify details:..... NIL				
				
	Other existing business name:..... NIL				
				
	Date of registration:.... NIL				
				
11.	Business names previously held by the applicant under the Registration of Business Names Act or similar legislation outside Zambia	Certificate No. NIL	Location NIL		
12.	Do you have any interest by way of partnership/directorship/shareholding in any business or occupation other than the one in respect of which the application relates? NIL				
	If yes, specify details:..... NIL				
				
	Other existing business name:..... NIL				
				
	Date of registration:... NIL				
				
13.	STATUTORY DECLARATION I/WeNaomi Kapele..... do solemnly declare as follows: (a) that the information provided in this Form is correct and true; and (b) that my certificate of registration has never been suspended or cancelled; and I /we make this solemn declaration conscientiously believing the same to be true to the best of my/our knowledge and belief. N Kapele Applicant's signature(s)				28/03/2025
		Date			
FOR OFFICIAL USE ONLY					
Received by: Officer					
..... Date					
Receipt No.:					
Date Received:					
Amount Received:					
OFFICIAL STAMP					

Serial No. of application:	
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