



(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. <div style="display: flex; justify-content: space-between;"> <div>N Kapele Applicant's signature(s)</div> <div>28/03/2025 Date</div> </div>			
FOR OFFICIAL USE ONLY Received by: <div style="display: flex; justify-content: space-around;"> <div>Officer</div> <div>Date</div> </div> Receipt No.: Date Received: Amount Received:				<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICAL STAMP </div>

Serial No. of application:	
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