



APPLICATION FOR REGISTRATION OF A COMPANY

SECTION 28(1), OF THE COMPANIES ACT, 2013

FORM 1

| | | | |
|--|--|--------------|----------------|
| Name of Proposed Company | MAZIKO FUND LIMITED | | |
| Reservation Number/ Proposed Company Number: | COY-W5U7P4G | | |
| Name of Building | ST MARTINS HOUSE | Plot Number | |
| House Number | | Street | |
| Village | | T/A | |
| District | LILONGWE_URBAN | Locality | CITY CENTRE |
| Address for Service: | | | |
| Postal address to which communication from the Registrar may be sent | | | |
| Email: | ALFIEKAY08@YAHOO.COM | Completed by | ALFRED KAZEMBE |
| Address: | P. O. Box PO BOX 1583 LILONGWE CODE - AREA 46 - 207246 | Telephone | 265999213388 |

DIRECTOR(S)

The following persons are the directors of the proposed company:

Please give first name(s) followed by surname in BLOCK letters.

| | | | |
|------------------------------|------------------------------|----------------|-----------------------------------|
| FULL LEGAL NAME* | SIMON NDIRA | | |
| Residential address | | | |
| Residential Address | | | |
| House Number | | TIN | 31423619 |
| Street | | Plot Number | |
| Village | | T/A | |
| District | BLANTYRE_URBAN | Locality | MTAWA ROAD 11, NAMIWAWA, BLANTYRE |
| Postal Code | NAMIWAWA - 312213 | Postal Address | |
| Email | SIMON.NDIRA@COMPELLING.WORKS | Phone Number | 265997612787 |
| Current Country of Residence | MW | | |

| | | | |
|----------------------|---------------------------|-------------|-------------------------|
| FULL LEGAL NAME* | HAROLD TRYWELL NGOMA | | |
| Residential Address: | | | |
| House Number | | TIN | |
| Street | | Plot Number | AREA 47/2/118 |
| Village | KASUNGU DISTRICT HOSPITAL | T/A | KASUNGU BOMA |
| District | LILONGWE_URBAN | Locality | AREA 47/2/118, LILONGWE |

| | | | |
|------------------------------|-------------------------|----------------|--------------|
| Postal Code | AREA 47 - 207247 | Postal Address | |
| Email | HAROLD.NGOMA@ICLOUD.COM | Phone Number | 265999595422 |
| Current Country of Residence | MW | | |

SHARES

The following persons are the shareholders of the proposed company:

Please give name(s) in BLOCK letters.

| | | | |
|--|-----------------------------------|----------------|--------------|
| FULL LEGAL NAME* | SYMON PETER NDIRA | | |
| Residential Address | MTAWA ROAD 11, NAMIWAWA, BLANTYRE | | |
| Plot Number | | | |
| House Number | | Street | |
| Village | | T/A | |
| District | | Locality | |
| Postal Code | | Postal Address | |
| Email | SIMON.NDIRA@COMPELLING.WORKS | Phone Number | 265997612787 |
| TIN | | | |
| Number of shares [please indicate if shares are held jointly.] | 3000 | | |
| ORDINARY | | | |

| | | | |
|--|--------------------------------|----------------|------------------------|
| FULL LEGAL NAME* | COMPELLING WORKS | | |
| Residential Address | | | |
| | Plot Number | 32 | |
| House Number | | Street | 32 BLACK FALCON STREET |
| Village | | T/A | |
| District | BLANTYRE_URBAN | Locality | |
| Postal Code | NAMIWAWA - 312213 | Postal Address | |
| Email | HAROLD.MUGENI@COMPELLING.WORKS | Phone Number | 265997612787 |
| TIN | | | |
| Number of shares [please indicate if shares are held jointly.] | 2500 | | |
| ORDINARY | | | |

| | | | |
|------------------|---------------------------|----------------|--------------|
| FULL LEGAL NAME* | HAROLD TRYWELL NGOMA | | |
| Plot Number | 118 | | |
| House Number | | Street | 118 |
| Village | KASUNGU DISTRICT HOSPITAL | T/A | KASUNGU BOMA |
| District | LILONGWE_URBAN | Locality | |
| Postal Code | AREA 47 - 207247 | Postal Address | |

| | | | |
|--------------|-------------------------|---------------------|--------------|
| Email | HAROLD.NGOMA@ICLOUD.COM | Phone Number | 265999595422 |
|--------------|-------------------------|---------------------|--------------|

TIN

Number of shares [please indicate if shares are held jointly.]
ORDINARY 2500

FULL LEGAL NAME* PATRICIA ROSHAN KHOMANI

Plot Number

House Number **Street** UMODZI STREET 6A

Village **T/A** AREA 13

District BLANTYRE_URBAN **Locality**

Postal Code NAPERI - 312222 **Postal Address**

Email PATRICIA.KHOMANI@COMPELLING.WORKS **Phone Number** 265999969533

TIN 70709195

Number of shares [please indicate if shares are held jointly.]
ORDINARY 500

FULL LEGAL NAME* CHRISTOPHER CHAMAMPHA MWASE

Plot Number PLOT NO. 25/8/1860

House Number **Street**

Village **T/A** MALANDA

District LILONGWE_URBAN **Locality**

Postal Code AREA 25 - 207225 **Postal Address**

Email CHRISTOPHER.MWASE@COMPELLING.WORKS **Phone Number** 265999706860

TIN 70120581

Number of shares [please indicate if shares are held jointly.]
ORDINARY 500

FULL LEGAL NAME* JACOB MZIYA

Plot Number

House Number **Street** STREET 6

Village **T/A** AREA 58

District BLANTYRE_URBAN **Locality**

Postal Code CHILOMONI - 312212 **Postal Address**

Email JACOB.MZIYA@COMPELLING.WORKS **Phone Number** 265999478629

TIN 70402682

Number of shares [please indicate if shares are held jointly.]
ORDINARY 500

| | | | |
|---|----------------------------|-----------------------|---------------------|
| FULL LEGAL NAME* | COLLIN KAITARE | | |
| Residential Address | PLOT 2789, LUZIRA, KAMPALA | | |
| Plot Number | | | |
| | | | |
| House Number | | Street | |
| Village | | T/A | |
| District | | Locality | |
| Postal Code | | Postal Address | |
| Email | KAITARECOLLIN@YAHOO.COM | | Phone Number |
| | | | 256777259258 |
| TIN | | | |
| Number of shares [please indicate if shares are held jointly.] | | | |
| ORDINARY | | | 500 |

In the case of a natural person, please give first name(s) followed by surname in BLOCK letters. In the case of a natural person, please give residential address. In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, of its principal place of business

Total number of shares:

The following documents accompany this form:

1. The notice of name reservation.
2. Memorandum of association.
3. The consent and certificate of every director. [Please use form 2 for this purpose.]
4. The consent of every shareholder. [Please use form 3 for this purpose.]
5. The written authority of the agent that signed the form of consent referred to in
6. paragraph 4 above. [Delete if inapplicable.]

Completed by: ALFRED KAZEMBE

Signature:

Date:

Full legal name: ALFRED KAZEMBE

Address: PO Box 1583 Lilongwe-Area 46 - 207246

[If there is more than 1 applicant, each must sign and provide full legal name and address in the prescribed format.]