**CHECKLIST FOR NEW APPLICATIONS – COMPANIES**

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| **1.** | **APPLICATION -**  |
| *a.* | *Application Letter*  |  |
| *b.* | *SEC Application form for License (Choose form applicable)*  |  |
|  | *Form 2 in case of dealer’s License* |  |
|  | *Form 4 in case of investment adviser License* |  |
| *c.* | *Prescribed License fees (Now Annual)* |  |
|  | *K26,666 for dealer’s License and K3,334 for compensation levy* |  |
|  | *K13,334 for investment adviser’s License and K3,334 for compensation levy* |  |
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| **2.** | **COMPANY DETAILS** |
| *a.* | *Certified copy of certificate of incorporation or certificate of registration\*\** |  |
| *b.* | *Certified copy of share capital\*\** |  |
| *c.* | *Certified copy of articles of association\*\** |  |
| *d.* | *Proof of business address* |  |
| *e.* | *Company’s business plan* |  |
| *f.*  | *Shareholders (PACRA print out)* |  |
|  |
| **3.** | **FINANCIAL INFORMATION**  |
| *a.* | *Latest audited financial statements by a registered ZICA accounting firm\*\*\** |  |
| *b.* | *Latest management accounts if audited financial statements are more than six months* |  |
| *c.* | *Sources of funds* |  |
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| 4. | **AUDITOR’S CONFIRMATION**  |  |
| a. | *Letter from auditors confirming that the applicant has appointed them to audit its books* |  |
|  |
| 5. | **CAPITAL MARKETS ASSOCIATION** |  |
| a. | *Proof of having joined a Capital Markets Association in Zambia* |  |
|  |
| **6.** | **DIRECTORS DETAILS** |
| *a.* | *Certified copies of directors identity card (NRC or Passport or Driver’s License)* |  |
| *b.* | *Residential addresses for the directors/shareholders* |  |
| *c.* | *Curriculum vitae for the directors/shareholders* |  |
| *d.* | *Two names of referees and their current addresses for each director. These should provide appropriate reference letters addressed to the Commission\** |  |
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**\* refer to the “SEC Guidelines on Minimum Fit and Proper Requirements of Competence and Capability for Applicants for Representatives Licenses”**

**\*\*certification of documents should only be done by authorised commissioners of oath**

**Received by:** ……………………………. ………………………………… ………………………

 Name Signature Date

**Checked by:** ……………………………. ……………………………… … ………………………

 Name Signature Date