



**ZAMBIA REVENUE AUTHORITY**  
**DOMESTIC TAXES DIVISION**

**APPLICATION FOR APPROVAL AS PUBLIC BENEFIT ORGANISATION UNDER SECTION 41 OF THE  
INCOME TAX ACT**

**(Complete this form in block letters)**

**PART A —TAXPAYER DETAILS**

1. \*FULL NAME OF THE INSTITUTION OR FUND

2. \*TPIN

3. \*PAYE ACCOUNT NAME

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**PART B —INFORMATION ABOUT INSTITUTION/FUND/CHARITY/CHURCH**

4. NAME AND ADDRESS OF THE PRINCIPAL OFFICERS OF THE INSTITUTION OR FUND

5. THE ESTIMATED AMOUNT REQUIRED/ANNUAL BUDGET

K

6. HOW MUCH IS EXPECTED FROM PUBLIC DONATIONS

K

7. HOW MUCH IS EXPECTED FROM GOVERNMENT CONTRIBUTIONS

K

8. ALL OTHER VENTURES/SOURCES OF FUNDS APART FROM ABOVE WHICH YOUR  
ORGANISATION WILL EMBARK ON OR USE IN FINANCING IN THESE ACTIVITIES

9. HOW MANY OFFICERS OF THE TRUST/FUND/CHARITY/CHURCH RECEIVE A SALARY

10. PLEASE STATE THE PRINCIPAL OBJECTIVES OF THE INSTITUTION/FUND AND SUBMIT A CERTIFIED COPY OF THE RULES OF THE CONSTITUTION

11. IS THERE DISCRIMINATION IN PROVIDING THE BENEFITS FROM THE INSTITUTION/FUND ON ACCOUNT OF CREED/COLOUR/RACE/RELIGION (YES/NO)

12. PLEASE CONFIRM IF ANY PART OF THE FUNDS OF THE INSTITUTION/FUND IS REMITTED OUTSIDE ZAMBIA (YES/NO) AND IF YES. STATE THE AMOUNT OF SUCH REMITTANCE

13. APPROVAL IS BEING SOUGHT WITH EFFECT FROM:

14. PLEASE ADD ANY OTHER INFORMATION, WHICH YOU CONSIDER RELEVANT WITH REGARDS TO THIS APPLICATION

**PART C — ATTACHMENTS & DECLARATION**

I \_\_\_\_\_ (Full name in block letters) declare that the information given in this application is true and complete and the details below have been attached:

I confirm to inform the Commissioner General promptly regarding any changes in the Rules/Constitution of the Institution/Fund.

1. RULES/CONSTITUTION FOR THE INSTITUTION ( CERTIFIED COPY)
2. LATEST AVAILABLE ACCOUNTS/FINANCIAL STATEMENTS FOR INSTITUTIONS WHICH HAVE BEEN IN OPERATION FOR MORE THAN ONE YEAR OR BANK STATEMENTS FOR INSTITUTIONS WHICH HAVE BEEN IN OPERATION FOR LESS THAN ONE YEAR ( CERTIFIED COPY)
3. CERTIFICATE OF REGISTRATION/INCORPORATION (CERTIFIED COPY)
4. TPIN CERTIFICATE (CERTIFIED COPY)
5. PROOF OF PAYE REGISTRATION
6. ARTICLES OF ASSOCIATION IF THE ENTITY IS A LIMITED COMPANY BY GUARANTEE (CERTIFIED COPY)
7. PROOF OF CARRYING OUT PUBLIC BENEFIT ACTIVITIES

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_ CONTACT PHONE NUMBERS: \_\_\_\_\_