



APPLICATION FORM

Customs Accredited Client Program (CACP)

How to complete this form

1. This form must be filled in completely to facilitate processing and collection of data. Note that the forms must be submitted both in soft and hard copies
 - a. Completed forms in soft copy must be emailed to the:

Assistant Commissioner
Attn: mwiilup@zra.org.zm
 - b. Hard copies of the completed form must be submitted to:

Assistant Commissioner – Audit and Business Risk
Zambia Revenue Authority
Customs Services Division
Audit and Business Risk
Revenue House, Lusaka
2. All information provided on this form shall be treated with strict confidentiality by the Zambia Revenue Authority.
3. Questions not relevant to your company may be left blank, but with an explanation.
4. Some questions do not require a simple “yes” or “no” answer. In other words, you need to elaborate and provide more details. Please follow instructions, if any, for particular questions.

Part One: General Information

Company Name:

Company Registration Number:

Taxpayer Identification Number:

Value Added Tax number:

Business Activity(s) (.....):

Physical Address:

Postal Address:

Telephone: Fax: +.....

Contact Person’s E-Mail (Principal or Company Director):

Website:

	Questions	Your Answers
1.	Organization structure (provide a copy and/ or a flowchart showing all company departments and sections).	
2.	Company legal form (public share holding, limited share holding, individual owner, etc.):	
3.	Paid-up capital (Zambian Kwacha):	
4.	Names of all authorized signatories:	
5.	Names of partners (for non-public share holding companies only)	
6.	Do company partners have shares/ ownership rights in other companies (other than public share holding companies)? If "yes" provide details.	
7.	Nature of business sector (trade, manufacturing, service, etc.)	
8.	Names of local/ international companies that are related to your company	
9.	Name of external audit company appointed to audit your company (mention the name and contact information of the chief auditor)	
10.	Names and contact information of the company officers who prepared and completed this Application Form	
11.	Name, job title, address and telephone number of your company officer who has been appointed to represent your company with respect to all follow up matters related to this Application Form and all subsequent steps	
12.	Does your company have branches (mention names and addresses)?	
13.	Were there any court cases raised/ registered against your company in the past five years? If "yes", provide details.	

	Questions	Your Answers
1.	Do you contract external customs clearance agents to undertake customs clearance duties for your goods? If "yes", mention their names.	
2.	Types and nature of goods your company imports, exports or deals with (if many, only mention the main types)?	

Declaration:

We, (.....), certify that all information provided on this form are correct and take full responsibility for its accuracy.

We hereby apply for admission into the Customs Accredited Client Program.

Name:

Email Address:

Designation:

Signature:

Date: