



APPLICATION FORM FOR
AUTHORISED ECONOMIC OPERATOR (AEO)
CUSTOMS ACCREDITED CLIENT PROGRAM (CACP)

How to complete this form

1. This form must be completed electronically to facilitate processing and collection of data. Forms must be submitted both in soft and hard copies
 - a. Completed forms in soft copy must be emailed to:

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

Assistant Commissioner - ABR
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 can be left blank, but with an explanation.
4. Some questions require a simple “yes” or “no” as an answer. In other 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

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 chart 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 nonpublic 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 names of all customs clearance companies.	
2.	Types and nature of goods your company imports, exports or deals with (if many, just mention the main types only)?	

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 authorized Economic Operator Programme

Tick here

OR

Customs Accredited Client Program

Tick here

Designation:

Date: _____