



Plot f1.0723 Chifwema Road, Off Leopard's Hillroad, Lusaka | (+260) 211 847 706 | (+260) 963 975 735 | www.lsmfez.co.zm | info@lsmfez.co.zm



LUSAKA SOUTH MFEZ LIMITED

(SI NO. 47 OF 2010)

APPLICATION TO INVEST IN THE LUSAKA SOUTH MFEZ

(Please note that a non-refundable fee of K500.00 shall be paid upon submission of the application form)

INVESTORS BACKGROUND

Company Name:.....

Postal Address:.....

Physical Address:.....

.....

Telephone Numbers:.....

Fax Numbers:.....

E-Mail Address:

Registered Office:.....

Date of Registration:.....

Origin of Investment Funds:.....

Business of Investing Company:.....

Total Cost of Project:.....

Business Proposed for Lusaka South Multi-Facility Economic
Zone:.....

.....

Proposed Date of Commencement of Project Implementation:.....



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PARTICULARS OF DIRECTORS

Name	Passport/NRC Number	Nationality	Tel No. Fax No.	Email Address	Residential Address

DETAILS OF SHAREHOLDERS

Name	Nationality	% of Shareholding

PART 2

DETAILS OF THE PROPOSED INVESTMENT

INVESTMENT PROPOSED DURING THE 1ST THREE YEARS

	Year One		Year Two		Year Three	
	ZMW	USD	ZMW	USD	ZMW	USD
Equity Contribution						
a) Local						
b) Foreign						
SUB TOTAL						
Other Sources of Funds						
Loan						
Other (specify)						
SUB TOTAL						
TOTAL INVESTMENT						

**Please indicate the assumed exchange rate where applicable*



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PROJECTED OUTPUT YEAR 1

Proposed Product/Service	Local Sales			Exports			TOTAL (a+b)	Export Market
	Quantity	Units	Value* (a)	Quantity	Units	Value* (b)		
TOTAL								

**Please indicate the assumed exchange rate*

PROJECTED OUTPUT YEAR 2

Proposed Product/Service	Local Sales			Exports			TOTAL (a+b)	Export Market
	Quantity	Units	Value* (a)	Quantity	Units	Value* (b)		
TOTAL								

**Please indicate the assumed exchange rate*

PROJECTED OUTPUT YEAR 3

Proposed Product/Service	Local Sales			Exports			TOTAL (a+b)	Export Market
	Quantity	Units	Value* (a)	Quantity	Units	Value* (b)		
TOTAL								

**Please indicate the assumed exchange rate*

NUMBER OF PERSONS EXPECTED TO BE EMPLOYED IN EACH OF THE CATEGORIES

CATEGORY	YEAR 1		YEAR 2		YEAR 3	
	Zambian	Expatriate	Zambian	Expatriate	Zambian	Expatriate
Managerial Staff						
Technical Staff i.Skilled ii.Semi-skilled						
Sales						
Clerical						
Other Workers						
TOTAL						



Give a brief description of the production process to be undertaken (use additional paper if necessary).....

Land (specify area) (Ha).....

Production/Factory Area (m²).....

Warehouse Area (m²)

Office Area (m²)

SERVICES

i) Details on water requirements for the Project

	Year 1	Year 2	Year 3
Estimated Daily Consumption of Water			

ii) Electricity requirements for the Project

	Year 1	Year 2	Year 3
Connected Load (KW)			
Maximum Demand (KVA)			
Hours of Operation			

iii) Communication requirements for the Project

		Number	Date Required
Telephone	Lines		
	Extensions		
	Telefax		
Email Services	Lines		

ENVIROMENTAL CONSIDERATIONS

(a) Name of waste products (if any).....

(b) Method of disposal.....

(c) Is the Environmental Impact Assessment (EIA) or Project Brief required to be undertaken in accordance with the Environmental Protection and Pollution Control Act Cap 204?

YES NO

If YES, the Agency may require such an Environmental Impact Assessment or Project Brief report certified by the Zambia Environmental Management Agency prior to project implementation.



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PART 3

RELATIONSHIP TO EXISTING OPERATIONS OF INVESTORS IN ZAMBIA

Do the investors have an existing operation in Zambia producing similar goods or services to those now proposed for the Lusaka South Multi-Facility Economic Zone?

YES NO

If YES, give a brief description of existing operations

Location (s)

Description of Goods and Services

Number of Employees at Location (s)

Current Output ZMK (US\$)

Will output, jobs and investment proposed in the Lusaka South Multi-Facility Economic Zone be additional to existing activities?

YES NO

If YES, please elaborate

Other services required (please specify).....

Any other information



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PART 4

DECLARATION

I/We hereby declare that the particulars given in this application are to the best of my/our knowledge and belief, true and correct and that any estimates given in this application have been given in good faith and with all due care.

.....

Signature of Declarant

Full Name (in Block Letters)

Director/Secretary..... Date:.....

COMPANY SEAL