

MEMBERSHIP SUBSCRIPTION FORM

The completed form shall be returned accompanied by your payment to the ZAM Secretariat on the address stated at the bottom of each page.



MEMBER DETAILS

Organization Name	<input type="text"/>		
Physical, Postal address and contact details <i>(state that of controlling company in case of group)</i>	<input type="text"/>		
	District: <input type="text"/>	Province: <input type="text"/>	
	Fax: <input type="text"/>		
	Telephone & Mobile No. <input type="text"/>		
	Company Email: <input type="text"/>		
	Website: <input type="text"/>		
Company Registration Details	PACRA Number <input type="text"/>	PACRA Reg. Date <input type="text"/>	
	ZRA TPIN <input type="text"/>	ZRA VAT Reg. No. <input type="text"/>	
Organization Description <i>(Please tick appropriately)</i>	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Partnership	<input type="checkbox"/> Other <i>(Please Specify)</i>	<input type="text"/>
Industry Classification <i>(Please tick appropriately)</i>	<input type="checkbox"/> Agriculture, forestry and fishing <input type="checkbox"/> Electricity, gas, steam and air conditioning supply <input type="checkbox"/> Wholesale and retail trade; repair of motor vehicles and motorcycles <input type="checkbox"/> Information and communication <input type="checkbox"/> Professional, scientific and technical activities <input type="checkbox"/> Education <input type="checkbox"/> Other service activities: <input type="text"/>	<input type="checkbox"/> Mining and quarrying <input type="checkbox"/> Water supply; sewerage, waste management and remediation activities <input type="checkbox"/> Transportation and storage <input type="checkbox"/> Financial and insurance activities <input type="checkbox"/> Administrative and support service activities <input type="checkbox"/> Human health and social work activities	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Accommodation and food service activities <input type="checkbox"/> Real estate activities <input type="checkbox"/> Public administration and defense; compulsory social security <input type="checkbox"/> Arts, entertainment and recreation
Business Description	<input type="checkbox"/> Food beverages & tobacco <input type="checkbox"/> Fabricated metals <input type="checkbox"/> Textiles, Clothing & Leather <input type="checkbox"/> Other <i>(Please specify)</i> : <input type="text"/>	<input type="checkbox"/> Basic metals <input type="checkbox"/> Paper & paper products <input type="checkbox"/> Non-metallic Mineral Products	<input type="checkbox"/> Chemical, rubber & plastics <input type="checkbox"/> Wood and wood products
	Main Line of Business <input type="text"/>	Number of brands <input type="text"/>	
	Number of Products <input type="text"/>	Group of companies <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Top 5 products/services and
flagship brand**

DETAILS OF MEMBER GROUP OF COMPANIES

(i.e. list of individual companies within the group)

Company Name & Address	Main Line of Business Flagship Products/ Brands	Number of Brands	Number of products	Contact name and email address

Key market destinations
*(please list in order of importance
based on volume/value)*

Local (%)

Foreign (%)

MEMBER'S BUSINESS SUMMARY

(Duplicate and fill attached form for Members of Groups of Companies)

Operations Commenced
(Year)

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Initial Investment and Year
(When company commenced operations)

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Investment
(In the last two years)

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Annual Turnover
(In the last two years)

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Planned business activities:
*(e.g. expansion, joint ventures, investment,
etc. if any)*

Short Term (1 Year)

Medium Term (3 Years)

Long Term (4 – 7 Years)

Company Owner information

Name Gender

Nationality Age

DETAILS OF SHAREHOLDERS

Shareholder Name	Share Percentage	Nationality

DETAILS OF PRINCIPAL OFFICERS

Designation	Name	Mobile	Email
CEO/MD			
Liaison - Policy Issues			
Liaison - Marketing & Sales			
Liaison - Finance & Taxation			

ZAM LIAISON PERSON

Name Tel. & Mobile

Email

Member employee and management information	Employee Size by Gender (In the last two years)
	<p>Male <input type="text"/> Female <input type="text"/></p> <p>Management Size by Gender (In the last two years)</p> <p>Male <input type="text"/> Female <input type="text"/></p>
What services are you likely to be most interested in? <i>(Please tick appropriately)</i>	<input type="checkbox"/> Business, policy and trade information <input type="checkbox"/> Policy representation, advocacy and lobbying <input type="checkbox"/> Market research <input type="checkbox"/> Training and capacity building, <input type="checkbox"/> Productivity enhancement and <input type="checkbox"/> Other value adding support <input type="checkbox"/> Marketing facilitation <input type="checkbox"/> Peer endorsement recognition and rewards Other (Please specify) <input type="text"/>

SUBSCRIPTION STRUCTURE

CATEGORY	TYPE OF ORGANISATION	ANNUAL SUBSCRIPTION	TURNOVER	NUMBER OF EMPLOYEES	TICK
Group Companies	Group of Companies (5 & above)*	ZMW 25,000.00	N/A	N/A	<input type="checkbox"/>
	Group of Companies (2-4)	ZMW 20,000.00	N/A	N/A	<input type="checkbox"/>
Large Enterprise	Corporate (Individual)	ZMW 15,000.00	40,000,001 and above	Above 100	<input type="checkbox"/>
Medium Sized Enterprise	Corporate (Individual)	ZMW 10,000.00	20,000,001-40,000,000	76-100	<input type="checkbox"/>
Medium Sized Enterprise/Associate	Corporate (Individual)/Associate	ZMW 7,500.00	8,400,001-20,000,000	51-75	<input type="checkbox"/>
Small Sized Enterprises	Corporate (Individual)	ZMW 3,500.00	400,001-8,400,000	11-50	<input type="checkbox"/>
Micro Enterprise/Affiliate	Corporate Individual (SME)/Industry Associations and Cooperatives	ZMW 1,500.00	0-400,000	Up to 10	<input type="checkbox"/>
ZAM Executive Associate	ZAM Executive Associate	ZMW 15,000.00	N/A	N/A	<input type="checkbox"/>

*A large company will be charged an extra fee of K5,000 for each company added to the group, while medium-sized businesses will have an additional charge of K2,500.

DECLARATION

Declarant name and designation	<input style="width: 100%;" type="text"/>
Declaration	Acknowledging that all the information provided herein are correct to the best of my knowledge and ability, we hereby agree to join Zambia Association of Manufacturers under the stipulated terms, regulations, mandate, privileges and right of a member as stipulated in the Association's constitution and any other by-laws thereof determined from time to time.
Signature:	Date:
┌──────────────────────────────────┐ └──────────────────────────────────┘	┌──────────────────────────────────┐ └──────────────────────────────────┘

FOR OFFICIAL USE ONLY (DO NOT WRITE BELOW)

REQUIRED ATTACHMENTS:

Company Incorporation Certificate - PACRA Tax Clearance Certificate -ZRA

Membership application vetted by	<input style="width: 100%;" type="text"/>
Approved:	Date:
┌──────────────────────────────────┐ └──────────────────────────────────┘	┌──────────────────────────────────┐ └──────────────────────────────────┘
Membership Validity:	Valid from : _____ Due Date: _____



WHY JOIN ZAM?

ZAM will offer you professional representation and effective advocacy to Government authorities on issues affecting your business as well as timely, relevant information, programmes and support of supplier quality and value. ZAM will also provide opportunities for networking, learning and professional growth and will be a reference point for advisory services that facilitate key business decisions for you.

CONTACT US

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