



REPUBLIC OF ZAMBIA

The Immigration and Deportation Act, 2010  
(Act No. 18 of 2010)

The Immigration and Deportation (Immigration Consultants) Regulations, 2012

APPLICATION FOR REGISTRATION AS AN IMMIGRATION CONSULTANT (Section 47 of the Immigration and Deportation Act, 2010)				
Please complete in block letters	Shaded fields for official use only	Application No.		
		Date and Time		
Information Required	Information Provided			√
<b>PART I PERSONAL DETAILS</b>				
1.	(a) Surname			
	(b) Other names			
2.	Sex (Tick (√) where applicable)	Male		Female
3.	Date of birth (dd/mm/yyyy)			
4.	Place of birth	Town		Country
5.	Nationality			
6.	(a) NRC No			
	(b) Place of issue			
	(c) Date of issue (dd/mm/yyyy)			
7.	Address			
	(a) Physical address			
	(b) Postal address			
8.	Contact details			
	(a) Telephone No.			
	(b) Fax No.			
	(c) Mobile phone No.			
	(d) Email address			
9.	(a) Have you ever applied for registration as an immigration consultant under the Immigration and Deportation Act, 2010? If yes, give details.			
	Date of application	Status of application (pending, granted or rejected)		
	(b) If the application was rejected, state reasons for rejection: .....			
	.....			
	.....			
10.	Have you or your spouse ever been restricted from entering any country or deported or repatriated from any country? If so, give details below			
	Country in which entry restricted or from which deported or repatriated	Year of restriction, deportation or repatriation	Reasons	


11.	<p>Have you been convicted of an offence under any law within or outside Zambia? If yes, specify details:</p> <p>Nature of offence: .....</p> <p>Date of conviction: .....</p> <p>Sentence: .....</p>
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**PART II  
PARTICULARS OF IMMIGRATION CONSULTANCY**

12.	Name of business				
13.	TPIN NO.				
14.	Business address				
	(a) Physical address				
	(b) Postal address				
15.	Number of branches				
16.	Details of employees in each branch (continue on separate sheet if necessary)				
	Employees' full names	NRC/Passport No.	Date of birth (dd/mm/yyyy)	Job title	Contact No.
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
17.	<b>Appendices</b>				
	A letter of police clearance				
	A duly sworn affidavit attesting to the fact that the applicant or any member of the applicant's immediate family is not an employee of the Immigration Department				

**DECLARATION**

I hereby declare that the information furnished by me in this application is true, correct and complete to the best of my knowledge.

I understand that any incorrect, misleading or untrue information or the withholding of any relevant information may affect my registration as an immigration consultant.

.....  
Name of applicant
Signature

.....  
Date

**FOR OFFICIAL USE ONLY**

Received by: .....  
Officer (Name and Signature)
Date

Amount Received: .....

Receipt No.: .....

Registration No.: .....

File No.: .....

Remarks: .....

.....

OFFICAL  
STAMP