



Republic of Zambia
MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES
DEPARTMENT OF REGISTRAR FOR NON-GOVERNMENTAL ORGANISATIONS

APPLICATION FOR RESERVATION OF NAME OF ORGANISATION

To the Registrar
P/Bag W 252, Sadzu Road
LUSAKA

I.....
(Full Names)

of.....
(Address)

Phone NumberEmail address.....

Request your approval to register a Non-Governmental Organisation in any of the following names:

1.
2.
3.

Signature of Applicant.....

Dated.....20.....

FOR OFFICIAL USE ONLY

Rejected/Reserved/Approval
Reasons:

.....
.....
.....
.....

(Signed).....

Registrar

NOTE: NAME RESERVATION IS VALID FOR 60 DAYS ONLY