



Republic of Zambia

**MINISTRY OF COMMUNITY DEVELOPMENT, MOTHER AND CHILD HEALTH
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 Number..... Email

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:

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

(Signed).....
Registrar

NOTE: NAME RESERVATION IS VALID FOR 60 DAYS ONLY