



Workers' Compensation Fund Control Board

INVITATION FOR APPLICATIONS FOR VACANT SPACES

The Workers' Compensation Fund Control Board (WCFCB) is a social security institution responsible for compensating workers in respect of accidents suffered or diseases contracted during the course of employment in accordance with the provisions of the Workers' Compensation Act No.10 of 1999 of the Laws of Zambia.

The Workers' Compensation Fund Control Board invites applications for vacant spaces in its residential and commercial properties as listed below:

COMMERCIAL	LOCATION	NUMBER OF VACANT SPACES
AFCOM HOUSE	KITWE	X1
COMPENSATION HOUSE	CHINGOLA	X1
COMPENSATION HOUSE	KASAMA	X3
COMPENSATION HOUSE	LUSAKA	X26
COMPENSATION HOUSE	NDOLA	X9
RESIDENTIAL	LOCATION	
IBEXHILL FLATS	LUSAKA	X5 Four (4) Bedroomed
STAND ALONE HOUSES	KITWE	X2 Three (3) Bedroomed

Application Requirements

Commercial Space:

- A completed rental application form. The forms can be obtained from www.workers.com.zm
- Certificate of Incorporation/Company Registration Certificate;
- Bank statements for the past Three (3) months;
- Tax clearance certificate;
- At least two (2) Traceable References from previous Landlords;

Residential Space:

- Application letter;
- Personal bank statements for the last 3 months and/or undertaking from the employer to guarantee payment
- At least two (2) Traceable References from previous Landlords

Interested applicants should send the application forms with attachments to Workers' Compensation Fund Control Board. The applications must be sent clearly marked **"Application for commercial/residential accommodation"** and addressed to the Commissioner, Workers' Compensation Fund Control Board, Compensation House, Corner of Broadway/Moffat Roads, P.O. Box 71534, Ndola, ZAMBIA. Scanned copies should be sent to properties@workers.com.zm



**WORKERS'
COMPENSATION FUND
CONTROL BOARD**

COMPENSATION HOUSE
CORNER BROADWAY/MOFFAT
ROAD
P.O BOX 71534
NDOLA

Phone: 02-614236 / Fax 02-612072

Email: pmulenga@workers.com.zm

REF: MP

COMMERCIAL SPACE APPLICATION FORM

Property Details:

Address:	
Monthly rent(K):	Deposit (K):

Applicant Details

Company Name:	Date of Incorporation:	Registration Number:
Phone(Mobile):	Phone (Landline):	Email:
Company present address:	Period Occupied(From - to):	
Monthly rent (K):	<input type="checkbox"/> Rented (tick)	<input type="checkbox"/> Own Office(tick)
Reason for wanting to move:		
Company Prior address:	Period Occupied(From - to):	
Monthly rent (K):	<input type="checkbox"/> Rented (tick)	<input type="checkbox"/> Own Office(tick)
Reason for moving:		

Proposed Occupants

Number of Proposed Occupants:	Number of Staff:	Preferred date of Occupation:
Does applicant or any proposed Occupants smoke? [<input type="checkbox"/>]Yes [<input type="checkbox"/>]No		
Proposed commercial usage(s):		

Contact Person:

Name:	Position:	Phone:	Email address:
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Financial Declaration

Has the company ever filed bankruptcy? [<input type="checkbox"/>]Yes [<input type="checkbox"/>]No	Country where filed:	Year:
Has the company ever: a) Been convicted of a felony? [<input type="checkbox"/>]Yes [<input type="checkbox"/>]No If yes, describe: _____ b) Been evicted from a rented property? [<input type="checkbox"/>]Yes [<input type="checkbox"/>]No If yes, describe: _____ c) Defaulted on any terms of a lease? [<input type="checkbox"/>]Yes [<input type="checkbox"/>]No If yes, describe: _____		
Bankers:	Average Balance:	

References

Name: _____	Name: _____
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Organisation: _____	Organisation: _____
Position: _____	Position: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Consent to verification of Credit and other information

I Warrant to the best of my knowledge that, all of the information provided in this application is true, accurate, complete and correct as of the date of this application. If any information provided by me is determines to be false, such false statement will be grounds for disapproval of my application or termination of my lease with Board.

I understand and agree that:

- (i) This is an application to rent only and the Board is not obliged to offer me the property , and
- (ii) The Board and their agents may receive more than one application for the property and, using their sole discretion, will select the best qualified applicant. I hereby authorise the Board to verify the information provided and obtain a credit report.

Applicants Representative's Signature:_____ **Date:**_____

Name:_____ **Position:**_____

FOR OFFICIAL USE ONLY

Checklist	Y(yes)/ N (No)
1.Form filled in correctly	
2.Certificate of incorporation/tax clearance/company profile submitted	
3.Bank statement and employer's letter of reference submitted	
4.Application letter received	
5.Lease agreement circulated as per policy	

6.Billing notified of new tenancy	
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Manger –Properties

Date: _____

Director –Investments

Date: _____