

**WORKERS' COMPENSATION FUND CONTROL BOARD**

P.O BOX 71534 NDOLA

Email: [compensation@workers.com.zm](mailto:compensation@workers.com.zm) Phone: 02-610481/8 / Fax: 02-610487**Financial Year .....****PARTICULARS OF BUSINESS****(SECTION 134)**

This form must be completed and returned, not later than ..... or within fourteen days of the commencement of business, whichever date is the later, to the Workers' Compensation Commissioner, P.O. Box 71534 Ndola or nearest Branch office.

**Separate forms must be used for each class of business carried on by employer**

Note: Replies to Question 8 and 9 must give full details of all activities carried on, as this information determines the premium rating.

1. Employer's name (in full) (Block capitals)	
2. Employer's physical address	3. Employer's other contact address
2.1 Plot No: .....	3.1 Email: .....
2.2 Name of Building: .....	3.2 Telephone: .....
2.3 Floor & Room No: .....	3.3 Fax: .....
2.4 Street name .....	3.4 Contact person: .....
4. Name under which business is carried on (Block capitals)	
5. Name of proprietor (Block capitals)	Name of partner (if any) (Block capitals)
6. Registered name of company (Limited liability companies only)	
7. State date on which business commenced	
8. State the precise nature of your trade, work, business or profession	
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9. Give a general description of the various types of work in which your Worker will be engaged e.g commercial travelers and warehousing, workshop and sales, soft goods only, machinery sales, installation and repairs	
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10. What type of business licence do you hold?

11. State the names of all Branches covered by this return, the nature of business of each Branch and the town or suburb in which the branch is situated. (Note: Subsidiary limited Companies must be registered on a separate form).

Name of Branch	Nature of Business	Town/Suburb

12. Have you previously been insured against Workers' Compensation risks? If so state;

(a) Under what name \_\_\_\_\_

(b) Name of insurance company \_\_\_\_\_

13. I hereby certify that, to the best of my knowledge, all particulars in this return are true

Employer' Signature..... Position..... Date: .....

Official Stamp