




|   |   |                     |             |
|---|---|---------------------|-------------|
|  | <b>Licence Requirements for Pipeline<br/>Transportation of Petroleum<br/>Products</b> | <b>Doc. Type.</b>   | Form        |
|   |   | <b>Doc. No.</b>     | LN.FM-020   |
|   |   | <b>Issue Date</b>   | 2024-01-26  |
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## B. Financial Information

### I. Initial Application –Cost of Investment

|  |  |
|--|--|
| <b>Please provide the projected total cost of investment in the pipeline</b> |  |
| Amount in Figures  |  |
| Amount in Words  |  |

|   |   |
|---|---|
| <b>Proof of funds for working capital</b>   | Mark <input checked="" type="checkbox"/> where applicable |
| Line of credit from a financial institution | <input type="checkbox"/>                                  |
| Letter of sponsorship/financing             | <input type="checkbox"/>                                  |
| Bank statement                              | <input type="checkbox"/>                                  |
| Grants                                      | <input type="checkbox"/>                                  |
| Other (specify)                             | <input type="checkbox"/>                                  |

### II. Renewal Application – Determination of Net worth - (Use audited financial statements not older than 2 years)

| Non-Current Assets (A)<br>(ZMW) | Current Assets(B)<br>(ZMW) | Current Liabilities(C)<br>(ZMW) | Net Worth (D)= A+B-C | Proportion of Licenced Activity to entire Business (%) |
|---------------------------------|----------------------------|---------------------------------|----------------------|--|
|                                 |                            |                                 |                      |  |
|                                 |                            |                                 |                      |  |


## C. Key Technical Personnel for Operations and Maintenance (Renewal application only)

Key project personnel that are expected to provide expertise should cover areas of *Regulatory Compliance, Occupational Safety, Health & Environment, and Quality Assurance*

**Table 1: Key Technical Personnel**

| No | Name | Responsibility <sup>1</sup> | Certification No. | Certification Board | Expiry Date |
|----|------|-----------------------------|-------------------|---------------------|-------------|
|    |      |                             |                   |                     |             |
|    |      |                             |                   |                     |             |
|    |      |                             |                   |                     |             |
|    |      |                             |                   |                     |             |

<sup>1</sup> Indicate respective responsibility e.g Project supervisor, SHEQ, site foreman, etc

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**D. Delivery line and facilities to be licenced**

**Table 2: Pipeline design capacity**

| Detail                     | Units              | Quantity |
|----------------------------|--------------------|----------|
| Throughput Design Capacity | Metric Tonnes/year |          |
| Average delivery Rate      | Metric Tonnes/day  |          |

**Table 3: Pipeline parameters**


| Name of Line | Pipe Diameter (m) | Line Length (km) | Starting point | End point |
|--------------|-------------------|------------------|----------------|-----------|
|              |                   |                  |                |           |
|              |                   |                  |                |           |
|              |                   |                  |                |           |

**Table 4: Schedule of Pump Stations**

| Name of Pump Station | Location | No, of Pumps | Designed effective Head (M) |
|----------------------|----------|--------------|-----------------------------|
|                      |          |              |                             |
|                      |          |              |                             |
|                      |          |              |                             |
|                      |          |              |                             |
|                      |          |              |                             |

**Table 5: Schedule of petroleum products storage Tanks to be licenced**

| Tank No. | Location | Total Capacity (MT) | Dead Volume (MT) | Effective Capacity (MT) |
|----------|----------|---------------------|------------------|-------------------------|
|          |          |                     |                  |                         |
|          |          |                     |                  |                         |
|          |          |                     |                  |                         |
|          |          |                     |                  |                         |
|          |          |                     |                  |                         |

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**Table 6: Proposed Loading Facilities**

| Type of Carrier | Units | Loading Capacity per day (M <sup>3</sup> ) | Average Time per Carrier (Min) |
|-----------------|-------|--|--------------------------------|
|                 |       |  |                                |
|                 |       |  |                                |
|                 |       |  |                                |
|                 |       |  |                                |
|                 |       |  |                                |

**Table 7: Proposed Tanks to be licensed for storage of petroleum Products**

| Product | Tank No. | Total Capacity (M <sup>3</sup> ) | Dead Volume (M <sup>3</sup> ) | Effective Capacity (M <sup>3</sup> ) |
|---------|----------|----------------------------------|-------------------------------|--------------------------------------|
|         |          |                                  |                               |                                      |
|         |          |                                  |                               |                                      |
|         |          |                                  |                               |                                      |
|         |          |                                  |                               |                                      |
|         |          |                                  |                               |                                      |

**E. Permission from other Authorities**

| Requirement                              | Issue date | Expiry date | Reference No. |
|--|------------|-------------|---------------|
| Local Authority (Valid Fire Certificate) |            |             |               |
| Valid ZMA certification (metering)       |            |             |               |
| Valid ZCSA Certification (for probes)    |            |             |               |


**F. Application for Amendment**

Name of facility \_\_\_\_\_

Licence Number \_\_\_\_\_

|   |
|---|
| Outline of proposed amendments to permit, |
|   |

Attach relevant supporting documents (Including a “Cover Letter” justifying the proposed

|   |  |                     |             |
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amendment)

**G. Application for Renewal** (should be submitted at least 3 months before expiry of existing licence)

**Please provide the following details of the current licence**

|                    |  |
|--------------------|--|
| Current Licence No |  |
| Issue Date         |  |
| Expiry Date        |  |

|   |  |
|---|--|
| Are there any outstanding liabilities on the current licence? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please specify.                                       |  |

**H. Declaration by Applicant**


I (full name in block letters) \_\_\_\_\_  
declare that the particulars, details and information given in this checklist are true and correct to the best of my knowledge

**Signature**

**Date**

**I. Appendices** (Please attach the following to your application where applicable)

| Requirement  | Y                        | NA                       |
|--|--------------------------|--------------------------|
| Valid Fire Certificate (for applicants with storage depots)                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Cost of construction the facility/Latest valuation report                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Certification for personnel (initial applications only for applicants with depots) | <input type="checkbox"/> | <input type="checkbox"/> |
| SHEQ Plan (initial applications only for applicants with depots)                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Latest Audited Financial statements prepared by a ZICA registered Firm             | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of ownership of depot  | <input type="checkbox"/> | <input type="checkbox"/> |

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|                                  |
|----------------------------------|
| <b>Review of the Application</b> |
|                                  |

**Recommendation**     Approval                       Reject                       Request for additional information

|   |
|---|
| <b>Reason(s) or Condition(s) for the Recommendation</b> |
|   |

**Reviewed by** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

**Checked by** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved by** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_