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|  | Licence Requirements for Refining of Petroleum Products | Doc. Type. | Form |
| | | Doc. No. | LN.FM-022 |
| | | Issue Date | 2024-01-26 |
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B. Financial Information

I. Initial Application –Cost of Investment

| | |
|--|--|
| Please provide the projected total cost of investment in the refinery | |
| Amount in Figures | |
| Amount in Words | |

| | |
|---|---|
| Proof of funds for working capital | Mark <input checked="" type="checkbox"/> where applicable |
| Line of credit from a financial institution | <input type="checkbox"/> |
| Letter of sponsorship/financing | <input type="checkbox"/> |
| Latest Bank statement (Not later than 3 months) | <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) (ZMW) | Current Assets(B) (ZMW) | Current Liabilities(C) (ZMW) | Net Worth (D)= A+B-C | Proportion of Licenced Activity to entire Business (%) |
|---------------------------------|----------------------------|---------------------------------|----------------------|--|
| | | | | |
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Table 4: Schedule of intermediate petroleum products storage Tanks to be licenced

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

Table 5: Schedule of petroleum Finished products Tanks to be licenced

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

Table 6: Schedule of loading and offloading facilities

| Type | Units | Year of Installation | Capacity (M ³ /Hr) |
|------|-------|----------------------|-------------------------------|
| | | | |
| | | | |
| | | | |

D. 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) | | | |
| Valid Factories Act Certification | | | |

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E. 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 amendment) |
| |

F. 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. | |

G. 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

| | | | |
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H. 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"/> |
| | <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"/> |
| Valid ZMA certification (metering) | <input type="checkbox"/> | <input type="checkbox"/> |
| Valid ZCSA Certification (for probes) | <input type="checkbox"/> | <input type="checkbox"/> |
| Valid Factories Act Certification | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of ownership of depot | <input type="checkbox"/> | <input type="checkbox"/> |

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|----------------------------------|
| Review of the Application |
| |

Recommendation Approval Reject Request for additional information

| |
|---|
| Reason(s) or Condition(s) for the Recommendation |
| |

Reviewed by _____ **Sign** _____ **Date** _____

Checked by _____ **Sign** _____ **Date** _____

Approved by _____ **Sign** _____ **Date** _____